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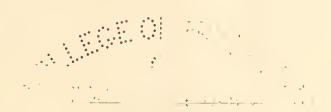
#### THE

# AMERICAN HOMEOPATHIST

EDITOR: FRANK KRAFT, M. D.

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FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



C. Spencer Kinney, M. D., Easton, Pa.

THE "Curantur-curentur controversy is not like to die for lack of controversialists. Dr. R. E. Dudgeon distinctly declares, in a letter to H. P. Holmes, that Halmemann always wrote it curentur; and so, as Dr. Dudgeon is a recognized authority in homeopathy and allied interests, it ought to be final. And yet, there was found on the body of Halme-

mann, when it was raised from its obscure and ignoble burial in Montmartre by Cartier and others, a gold medal, which had been presented to and worn by Hahnemann, on which the disputed word was engraved "curantur." And no one of the elect to-day questions that Hahnemann was not as good a Latinist as either Dr. Dudgeon or Dr. Hughes. How construe you that?

\* \*

DRER BROADNAX of Louisiana, -and B who doesn't know and love this genial gentleman of the old school—(in medicine and deportment) speaks in the "Medical Summary" of his anti-fat cure. While he was up in the mountains last summer he met a fat clergyman who was beginning to breathe hard. Directed him to sponge his whole body night and morning with Epsom salts one part and water sixteen parts; also to take a teaspoonful three times a day. A year afterwards his weight had fallen from two hundred and thirty to one hundred and seventy-eight. This is doubtlessly a good "receipt"; but is defective in that it gives a fat man too much to do; and fat men as a rule are lazy. Think of nine months of double daily baths and thrice daily teaspoonfuls of Epsom salts!

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DR. W. M. THOMPSON, in an Address to the students of the Chicago Homeopathic Medical College, follows clearly and lovingly in the footsteps of Park Lewis, who said that Homeopathy had added nothing to the Progress of Medicine; that it had the rather—says Thompson—stood at the door, hat in hand, and taken what the other branches had

wrought out and made perfect! And this in a homeopathic school before a homeopathic class in this closing year of the Hahnemann century. Scientific Homeopathy is what Dr. Thompson wants; a microscope-and-chemical-analysis homeopathy; a homeopathy which will show indubitably the embryology of species, and the present condition of the departed spirits. A something that can be touched and tasted and handled! And these be your gods! Will Dr. Arnulphy of Nice please note and ponder?

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THE plea of the "Medical Century" for a greater laboring in the Southern profession for the upbuilding of the Southern Homeopathic Medical Association, and a consequent bettering of the condition of the homeopathic population of the Southern States, appeals to all right-thinking medical men and women. It is a singular fact that the graduates of our schools seldom, if ever, think of drifting to the beautiful South-land in search of possible locations. One would naturally suppose that the demand would influence the supply. But not so. There is something in a possible Southern location affrighting to the intending locater. What is it? The examinations in these States is no more difficult than in the most of the Northern States; and a student able to pass New York or Pennsylvania or Ohio could as easily pass the board of any State in the South. Can it be that politics keeps the young man away? A physician should have no visible politics. His business is to attend to his business, and let others attend to theirs. His right to vote is sacred and can be exercised by him anywhere in the South or North without stump oratory or transparencies. The new South is an ideal place for an enthusiastic young man, oneproperly prepared, first, with the necessary knowledge, and second, with the backbone with which homeopathic pioneers are usually caparisoned. Far better go to these wide-open places, these points free from competition, than settle in a community in the North so thickly populated with doctors that there isn't

even a quarter of a loaf of bread for each professional man.

WE have just glanced over the list of questions which were given by the Pennsylvania State Board of Registration and Examination; and after pondering a few sections of this wonderfully constructed formulary, we would like to bet several of the hats we won on the recent election, that there isn't to-day in the City of Brotherly Love a single practicing homeopathic physician who has been out of college fifteen years, not either on that Board or a professor in college who could pass that Board. Do we hear any takers? Yet every student just through with the bench-polishing process may slip under the wire with fair ease and success. And from this class the future doctors of the commonwealth will be made! A man, however, like Cowperthwaite, or Helmuth, or Dudley, or Timothy Field Allen, or Kippax, or Walton, or Dewey, or G. J. Jones, or Leight Monroe, or Biggar, would have to stay outside the sacred preserves of that State because of his incompetency to properly practice medicine under the Rules and Regulations of the State of Pennsylvania, New York, and now, too, Ohio. But it makes trade better in those States for the few who are in the State. For instance, in Ohio we shall after January 1, prox., be cutting coupons instead of our rivals or patients, in addition to drawing twenty per cent, dividends on pharmaceutical investments.

In England recently a woman sued a car company for damages, says the "Homeopathic Recorder," in consequence of a car running off the track and giving her a severe shaking up, which caused an incipient ovarian tumor to rapidly develop; six physicians testified to this fact. The company's physician, like Brer Rabbit, "he aint sayin' nuthin," but let the case drag on until, at the appointed time, the woman was delivered of the tumor; a fine healthy child. This ended the case, as the attorney who was on the hunt for "damages" had not the nerve to charge the company with being the child's father.

#### Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number, as follows; Critique,¹; Chironian,²; Clinique,³; Hahn, Adv.,⁴; Hahn, Mo.,⁵; Envoy,⁶; Jour. of Obs.,¹; Am. Med. Mo.,⁵; Recorder,⁰; Med. Student,¹⁰; Clin. Reporter,¹¹; Arena,¹²; Minn. Hom. Mag.,¹³; Century,¹⁴; Counsellor,¹⁵; Era,¹⁶; Visitor,¹¹; N. E. Med. Gaz.,¹³; Times,¹°; N. Am. Jour.,²⁰; Paeific Coast Jour.,²¹; Eye, Ear, and Throat Jour.,²³; Hom. News,²³; Jour. of O., O., and L.,²⁴; Argus,²⁵; Revue Homéo.,²⁶; Arch. für Hom.,²¹; Allgem. Hom. Zeit.,²²²; Zeitschrift für Hom.,²²; El Prog. Homeo.,³⁰; L'Art Méd.,³¹; L'Homéo.,³²; Hom. Maed.,³³; Hom. World,³⁴; Hom. Review,³⁵; Jour. Br. Hom. So.,³⁶; Indian Hom. Review,³⁵; Foreign Journals, not Hom.,³³; Am. Journals, not Hom.,²?

#### An African Remedy for Dysentery.

The Kafirs and Zulus make use of the root of the geranium, of which there is said to be a number of varieties, all, however, of equal therapeutic efficacy, in South Africa, in the treatment of dysentery. They simply chew the root, but the British army surgeons give it in the form of a decoction in milk. The remedy is reported by those who have employed it to be a real specific, no failure to cure within thirty-six or

forty-eight hours being recorded.

Though the geranium root has not, so far as we are aware, been used in medicine, the only proving that has been made of it, and that a very slight and partial one—recorded in the Ohio Medical and Surgical Reporter, by Dr. E. C. Beckwith—seems to show that it has a distinetly homeopathic relation to dysentery. For example, we find that "the most marked symptom noticed was a constant desire to go to stool; this symptom attended each attempt at proving geranium: went to stool often, and each time found myself unable to pass the least fecal matter; one powder of the second would produce the continued desire for stool; this symptom continued for some time, and, after the effects passed off, the bowels would move without pain or tenesmus; the stool natural and well lubricated. I should say, however, that one powder required hours for a passage.

A more complete investigation of its properties, when taken in physiological doses, instead of in such as are therapeutic, might result in our acquiring an accurate knowledge of a valuable

remedy.

[Ellinwood in his new "Materia Medica" says, "In some acute diarrhea geranium exercises an immediate influence, a single full dose producing a marked impression and improving the tone of the entire gastro-intestinal tract from the first. In chronic diarrhea, no matter how stubborn, it may be given with confidence, and if the specific conditions are present. In doses

of ten drops every two hours, diarrheas of the above described character will promptly subside. Active inflammation must be subdued before the agent will act readily. It is the remedy for the above relaxation of the gastro-intestinal tract in childhood with contracted diarrhea. Extreme activity or hyperactivity of the liver must be corrected, and this agent will usually do the rest.]

#### Phosphorus in Rickets.

An extensive literature is quoted by E. Kossowitz<sup>37</sup> to support his view that with the introduction of phosphorus a new era in the treatment of rachitis has begun. Most authors are unanimous in the opinion that phosphorus aids the progress of ossification, and that the convulsions, laryngospasm, insomnia, and restlessness are better benefited by this than any other drug. The records of over a hundred thousand teach the author that phosphorus is the specific in rickets. He recommends it dissolved in codliver oil, in which form it keeps well for months.

[Why not give the remedy in homeopathic doses and under homeopathic indications?]

## Pneumonia, Therapeutics of, According to Gatchell.

Aconite.—To be of service aconite must be given early. Its place is in the treatment of acute, uncomplicated pleurisy. Indications: Acute pleurisy, coming on with chill, followed by fever; thirst; quick and rapid pulse; skin hot and dry; rapid respiration; great nervous restlessness; stitching pains in the chest; dry cough.

Bryonia.—This is the leading remedy for plastic pleurisy; it is no longer of use after serous effusion has begun. Indications: Plastic pleurisy, with acute, stitching pains, greatly aggravated by breathing, or the slightest motion; respirations short and rapid. Also, for the "dry" pleurisies accompanying pneumonia and phthisis.

Cantharis.—This is the most efficient remedy, following bryonia, when there is serous effusion or sero-fibrinous exudation. Sensation of heat and burning in the chest; characteristic urinary symptoms.

Apis.—For the stage of effusion, to promote reabsorption, especially when the effusion is of recent origin; also, in pleurisy following scarlatina. Absence of thirst; dark and scanty trine; cedema of the chest wall; severe, burning pain in a circumscribed spot.

Colchicine.—Acute, general pleurisy, in rheumatic or gouty subjects. A peculiarity of the condition calling for this medicine is often:

Aversion to the smell of food, which causes

nausea and loathing.

Arsenic.—In the later period of the stage of effusion, which has failed to yield to other remedies. There is great dysphæa, with but little pain; much prostration, the patient being weak and cachectic; cyanosis; restless auxiety.

Hepar sulph.—Persistent plastic pleurisy. Great sensitiveness to the open air; moist skin;

the patient easily perspires.

Rhus tox.—Acute attack coming on after exposure to cold and damp; after a wetting while heated and perspiring. Muscular pains in various parts; pains in the extremities; disposition to change the position of the parts, which is followed by relief.

Sulphur.—Plastic exudation, slow to disappear. Also, in cases of serous effusion, coming on insidiously, and lingering. Great need of fresh air; feet and head hot; hands and feet burn; palpitation; atonic dyspepsia.

Kali carb. — Dry plenrisy complicating

phthisis.

Mercurius corr. — Pleurisy complicating Bright's.

Phosphorus.—Pleuro-pneumonia.

lodine.—In "scrofulous" subjects it replaces bryonia.

#### ADDISON'S DISEASE.\*

By WALTER SANDS MILLS, M. D., New York City,

Physician to the Metropolitan Hospital, Blackwell's Island; Physician to the Out-patient Department, Hahnemann Hospital; Physician to the Out-patient Department, Harlem Homeopathic Hospital.

Up to 1855 no such disease entity as Addison disease was known. Under date of May 21, 1855, Dr. Thomas Addison of London published an original communication entitled, "On the Constitutional and Local Effects of Disease of the Suprarenal Capsules." In this paper Addison said that he had observed at various times a number of cases that were anamic, but that gave a history of none of the ordinary causes of anamia; these cases became extremely weak, but did not lose flesh; they also presented a peculiar pigmentation of the skin.

At first, for want of a better name, Addison called these cases cases of idiopathic anæmia, Necropsies made on a number of them gave but one common lesion, namely, disease of the suprarenal capsules. After a few such observations, when he observed the peculiar group of symptoms, Addison was enabled to diagnosticate disease of the suprarenal capsules. The

The cause of Addison's disease is not exactly known. Addison believed that any disease that interfered with the function of the suprarenals would cause the symptoms described by him. Others have thought that the symptoms were produced through disturbance of the sympa-

thetic nervous system.

In all of Addison's cases disease of the suprarenals existed. Since then other cases have presented all the clinical symptoms of Addison's disease, but change in the suprarenals has not been discovered at the necropsy. Again, extensive destruction of the suprarenal capsules has been found after death in cases where no clinical evidence of Addison's disease had existed during life.

Addison's disease is a rare affection. During my five years' connection with the Metropolitan Hospital I have seen but one case. I have seen none in private practice. For ten years previous to 1900 the records of the Metropolitan (formerly the Ward's Island Homeopathic Hospital)

show but one case.

The most sriking symptom connected with Addison's disease is the pigmentation of the skin. This may vary all the way from slight exaggeration of the normal pigment on exposed surfaces of the body to a deep discoloration of the whole surface. My case was of the latter class. The patient entered the hospital May I, 1900, and died September 13. During his entire stay I was in charge of the ward in which he lay, and saw him several times each week. Some slight bronzing of the skin appeared on the face and hands, but it was deeper on the body, arms, and legs than on the exposed parts of the person. It was general, but darker on the back and legs than on the front of the body and thighs. The whole surface was so discolored that the man had the appearance of a mulatto. The exact shade was a brown about the color of light piece of black walnut. When the patient entered the hospital he was also suffering from pediculosis coporis. The irritation had caused much scratching. Many of these Many of these scratches were so deep that scabs were formed. After the scabs fell off white scars were left that formed striking contrasts to the general pigmentation. These scars changed but little, if

original mention detailed the histories of eleven cases. After a time Addison's name was given to the disease presenting the group of symptoms first described by him. According to Rolleston (Allbutt's "System of Medicine"), Trousseau was the first thus to honor Addison. Since Addison's time the disease that bears his name has been studied carefully by others—notably, by Greenhow, who presented his paper covering a study of nearly two hundred cases in the Croonian lectures for 1875.

<sup>\*</sup> Southern Hom. Med. Assn., 1900.

any, in color. This agrees with other observers that sear tissue is not discolored in Addison's disease. Cases of general pigmentation, however, are rare. Usually the pigmentation occurs mostly on the face and hands, the exposed parts of the body.

At no time were we able to find pigmentation of the nucous membranes. This is contrary to the ordinary run of cases. Greenhow was of the opinion that it was not an essential symptom, but was due to local irritation. Anæmia was shown by the light hue of the mucous mem-

branes of the mouth and glans penis.

Asthenia is always a marked symptom. was well defined in my case. When he entered the patient was able to get about the ward, but was quite weak. Two of my confreres on the Medical Board, Dr. H. M. Dearborn and Dr. Arthur L. Root, saw the patient at different times during May, and agreed with my diagnosis. I, thereupon, endeavored to get him before the Academy of Pathological Science. The patient left the hospital at my request for the purpose of attending the meeting late in May, but never got there. The exertion was too much for him; he collapsed on the way, and was removal to another hospital, where he remained for a week before he was able to get back to the Metropolitan. Shortly after his return his strength failed so much that he was obliged to take to his bed. Asthenia was practically the cause of his death.

Associated with the general weakness is usually found a weakened heart. This was so in my case. The hearts sounds were very feeble, so much so that it was difficult to tell whether or no they were normal. After death the heart was found to be soft and flabby, but all the valves were perfect. The pulse rate was about

one hundred throughout.

The temperature of Addison's disease is usually subnormal. In my case it was normal during May and June. In July and August it averaged from one hundred to one hundred and three, with daily variations of one to two degrees. For the last two weeks of life it dropped to normal again, and sometimes as low as ninety-eight.

At all times there was more or less gastric disturbance. The appetite was fair. Constipation was marked toward the end. There was much gas and much distress from it. These

symptoms are quite characteristic.

My reading reveals very little information regarding complications in this disease. In my case there were several. One was chronic nephritis of interstitial character. This was diagnosed during life and verified after death. This complication was also described in a case reported in Neurolog. Centrabl., 8, 1900 (North

American Journal of Homeopathy, August, 1900), in a woman aged twenty-nine.

Pulmonary tuberculosis is mentioned as sometimes associated with Addison's disease. Indeed, tuberculous change in the suprarenals was once considered the pathological lesion of the disease, and it was supposed to be associated with tuberculosis elsewhere in the body. Pulmonary tuberculosis was found in the case referred to above, but none in mine.

My case exhibited changes in the serous membranes throughout the body. These were discovered only at the autopsy. The pleura was adherent on both sides. The left lung weighed twenty-three ounces, about normal. The right weighed sixty-four ounces. The lung was cedematous, the pleura was thickened, and there was much bloody serum in the pleural cavity. The peritoneum seemed to be inflamed also.

The lower extremities and the genitals were enormously distended with fluid when the patient entered the hospital. The abdomen was also enlarged. Careful and repeated examination showed absence of fluid in the abdominal cavity, but the presence of gas. The liver seemed to be enlarged. This I now believe to have been caused by the ædematous lung and the pleuritic fluid. The liver was found to be perfectly normal at the post-mortem. The ædema of the abdominal skin, the genitals, and the lower extremities was mostly due to the weakened heart. All of it promptly disappeared when the patient went to bed.

The diagnosis of Addison's disease must be made by exclusion. The prominent symptoms, pigmentation and asthenia, may either one occur in numerous other conditions. All are familiar with the asthenia of wasting diseases. In all of them we have other symptoms to guide us, so that there is comparatively little danger of mistaking the symptom for the asthenia of Addi-

son's disease.

There are various forms of pigmentation that need to be differentiated. In most of them there is no asthenia. In some abdominal diseases pigmentation exists. In most of them, however, the pigmentation is confined to the face. Liver disease may also produce pigmentation of the skin. One point of differentiation lies in the age of the patient. Liver disease is apt to develop later in life. Addison's disease is rare after forty. The average age, according to Rolleston (Allbutt's System), is thirty-one. The liver was eliminated in my case, as it was found to be normal. The patient was thirty-eight.

Pigmentation may occur during pregnancy. It usually disappears after confinement in such

cases.

Tinea versicolor may readily be distinguished

by its course.

Pigmentary spots are also left after numerous eruptions. It may also be associated with or follow prurigo, as in a case treated by me during August, 1900. The patient was a young woman from Illinois, who came to New York to place herself under my care. The pigmented spots were confined to the lower abdomen and to the thighs. There is little danger in confusing such cases with Addison's disease.

In hospital practice, occasional patients will appear suffering from what Greenhow designated as "Vagabond's Disease." A deep general pigmentation exists, due to the irritation of pediculosis and to accumulated filth. The only question of doubt as to my case was that it might be vagabond's disease. Everything else was eliminated. I eventually eliminated that, as constant care and cleanliness for over four months in the hospital did nothing toward eliminating the discoloration.

Continued use of arsenic will sometimes pro-

duce pigmentation of the skin.

Scleroderma of the skin presents pigmentation, but there are other characteristic changes in its structure that serve to differentiate it from Addison's disease.

The prognosis of Addison's disease is bad. Whether it could or could not be cured, if an early diagnosis was made, is a question. The onset is probably slow and insidious. Cases are rarely diagnosed until all symptoms are well advanced. It does not often run more than two years after a diagnosis has been made. Occasional cases have been reported cured.

Treatment consists in making the patient as comfortable as possible, and in trying to build

him up with proper food.

In these days of organ-therapy extract of suprarenal capsules is advocated as a curative measure. The equivalent of fifteen grains of the dried gland are given three times a day (Rolleston). So far the results have been uncertain; in fact, disappointing. I did not use it in my case.

I endeavored to treat my case symptomatically, and arsenic seemed to me to be the indicated remedy. The 3x potency of arsenicum album was used. The asthenia increased. The pigmentation remained unchanged. The dropsy disappeared. I believe the last symptom was largely benefited by sojourn in bed as well as by the arsenic.

Argentum nitricum is another remedy that is sometimes indicated. It is of benefit where the gastric symptoms are prominent. Other remedies will be of service when the homeopathic indications call for them.

#### 154 West 119th St.

### THE MANAGEMENT OF THE PUERPERAL STATE.\*

By JENNIE BRUSH, M. D., Daytona, Fla.

If called four weeks before the time of confinement, begin treatment by an examination, to ascertain whether the patient is in a normal condition, as sometimes there is an accumulation of water in the system, indicated by shortness of breath, swelling of the lower limbs and abdominal tension, which gives the patient a great deal of discomfort; relieved by apiseum 3d, dissolved in glass of water and administered in teaspoonful doses every hour.

After the patient is in a normal condition, commence giving cimicifuga 6th, night and morning, as much powder as will lie on the point of a penknife. Seeing my patient once a week and learning whether she is in a normal condition, when the pains begin to come on dissolve an ordinary powder of pulsatilla 3d in glass of water; administer one tablespoonful

every half hour.

Should the pains become unbearable, unsatisfactory, and discourage the patient, give passiflora tincture, 6 drops in half glass of water, tablespoonful every half hour in alternation with the pulsatilla. As soon as the pains become expulsive, encourage the patient to try to help herself, which will expedite matters wonderfully; but I find it a pretty hard thing to convince a primipara that she can do this.

As soon as delivered, see that there is no pressure on the throat from the cord. Lay the child so that it cannot annoy the mother by its motions, and when the pulsation in the cord has nearly ceased, wipe the baby's eyes and mouth with a soft cloth wrung from water containing boracic acid or some other mild antiseptic; then adjust the funis clamps on the cord—first one three inches from the navel—sever the cord between the clamps, wrap the baby in a soft blanket, and lay it aside; then give attention to the mother by removing the placenta, which is done by slight traction on the cord.

As soon as the placenta is removed, let patient rest while you wash the baby to see that all is right. Apply some wood-wool to the navel, covering the clamp well to prevent it from pressing too hard on the abdomen. Apply the band and hand the little angel over to the nurse.

If the patient is nervous or hysterical, a few doses of asafetida 10th, given in water, will control the symptoms and bring comfort to the patient. Should there be symptoms of extreme weakness, a few doses of ammonium carb, will bring relief. As soon as she is in a normal con-

<sup>\*</sup> Southern Hom. Med. Assn., 1900.

dition, remove the upper pad and apply the napkin to the vulva; make the room perfectly dark and quiet; then prepare 6 drops of arnica tincture in half glass of water, and the same quantity of tincture of viburnum opulis in another glass; give one tablespoonful every hour in alternation with the arnica; it will control hemorrhage, remove the soreness, and prevent after-pains.

I consider that every drop of blood lost unnecessarily leaves the patient that much weaker. After twenty-four hours wash the vagina and uterus with a weak solution of carbolic acid, by injection, which should be done every day for nine days, when the patient should be able to

sit up and the doctor be discharged.

#### POLYPHARMACY AND ALTERNATION.

By J. C. WHITE, M. D., Port Chester, N. Y.

I was much interested in reading the article "Homeopathic Therapeutics" by Sarada Prasact Roy, M. D., L. H. M. S., in your journal issue of September 1, 1900, which the author says is the "outcome of long experience and lifelong study." This article contains so much to commend that one hesitates to take the part of a critic, even of that part which does not accord with his own "lifelong tudy and experience." It is so much easier to tear down than to build —we all want to build—and to build permanently. In order to do so we must build wisely. In order to build wisely we must know our art and material well-must have the cumulative knowledge of centuries—I have an affectionate regard for all co-workers in this noble branch of the world's work. "On the Alternation of Medicines," the doctor says, "opinions differ. There are some of our colleagues who adopt this mode of treatment, while there are others who are quite disgusted by the suggestion of such a mode of therapeutics. They are of the opinion that every case of illness (simple or grave) should be treated with the single remedy which can cover all the symptoms of the said case."

But if we look on the practical side we see that we have to alternate in many cases, because there may be many cases in which the different organs; or even if the single organ is affected, it is affected in a different way. As, for example: A man got gonorrhea two or three days ago, and he is treated with an indicated remedy of that disease; in this state of things he got a new disease, bronchitis, in addition to the former. You cannot say that the bronchitis is the result of the gonorrhea; necessarily, you shall have to prescribe a second medicine to cope with the bronchitis.

Another example may be cited: A man who has been suffering from dysentery applies to you for relief, and you prescribe for him; by this time he has ophthalmia.

In this case also you cannot say that the ophthalmia is the consequence of dysentery. Therefore, you must have something to do for ophthalmia—you must prescribe a second medicine or leave it to nature.

The third and last illustration is this: Suppose a man had an attack of pneumonia in the right lung and it had attained its third stage and he is treated accordingly. In the meantime his left lung is affected with pneumonia, with its premonitory symptoms. Afterwards the first stage of the disease fully developed within a short time; what is to be done in this case? Will you conceat, yourself with continuing the treatment which was going on for the right lung, without doing anything for the left, until it attains the third stage, or prescribe a second medicine for the left lung. Shade of Hahnemann!

The tirst part of the doctor's article is so practically homeopathic that it seemed impossible that the same pen could have written the

above assertions.

He says, "opinions differ as to the alternation of medicines." Thank God they do differ from him! Hahnemann differs from him, and so do all who endeavor to follow carefully his footsteps. He says, "if we look on the practical side we see that we have to alternate (!) because the organ or organs are affected in different ways."

Did it ever occur to the doctor, in reading the pathogenesis of drugs, that each and every drug affects an "organ or organs in a different way"; that one medicine may both produce and cure discharges from the urethra, and bronchitis, at the same time? We note in this first example that the patient was taking "an indicated remedy." Suppose we substitute the indicated remedy in accord with the added symptom bronchitis. This is what we would expect of a student of Hahnemann.

His second example is: A case of dysentery develops ophthalmia. "He must take a second medicine for the latter, while continuing an indicated remedy for dysentery"! Did it ever occur to the doctor that bell, cures both dysentery and opththalmia? I have cured dysentery with bell, promptly several times without the aid of other medicines, and have also used it to advantage in the first stage of gonorrhea.

Ilis third example amounts to the same as the above. The man has pneumonia in right lung, it attains to the third stage, and is treated accordingly (with an indicated remedy, I suppose), and the left lung commences the same process. Had he received the indicated remedy the disease would not have attained to the third stage in the right lung, and the left would not have become affected, unless perchance it

was a case of acute tuberculosis.

I notice that physicians who habitually alternate and practice polypharmacy expect a disease to pass through all its stages—just the same as the old-school physicians—sometimes they may do so with the most careful prescriber, because of inability to get thorough history and symptomatology. When otherwise we expect resolution to commence then and there—with the administration of the indicated remedy—whether it be dysentery, pneumonia, diphtheria, or typhoid. Two or more remedies may be required to cure a given case, but never two at the same time or in frequent alternation.

If there is anything in the monumental work of Halmemann more emphasized—made more emphatic—than another, it is the unity, the individuality of the remedy (not remedies), in accord with the totality of symptoms or individuality of the case.

By this individuality we mean the pathology (when possible), location, sensations, and the conditions of aggravation and of amelioration of symptoms. These are what we call the expressed language of disease or of perverted functions; distressed nature calling for the individual remedy which has given like symptoms in its provings upon the healthy organism as a whole, as a unit. We cannot alternate or give compounds for diseased conditions until we have first proved the alternate and compound. Such prescribing is not homeopathic, according to the doctor's theory. His patient having dysentery, and while taking "an indicated remedy," developed "ophthalmia requiring another remedy"; would require a third had a gumboil manifested itself, a fourth for an eruption, a fifth for homesickness, and so on. Is this looking upon the practical side? Nothing is practical which does not coincide with the law of nature. "Similia similibus curantur" is the law upon which we stand, and we know that it is true. The very simplicity of the law is a stumbling-block to those who prescribe for the disease, per se.

The doctor says his remarks are the result or outcome of long experience and lifelong study. He cannot know what his experience would have been had he practiced medicine according to the law, as the master did. Hahne-

mann's success was phenomenal.

I have practiced medicine three-score and six years. The first eighteen years I was an active worker on the old-school methods; active in condenning homeopathy, in observing the most vulnerable points exposed by its representatives. According to my own observations and

experience, polypharmacy is the greatest hindrance to the progress of homeopathy.

Time and space will not allow me to state my reasons or the particular influences which led to my conversion to homeopathy. I commenced the study without the help or advice of any homeopathic physician, and continued it for years without informing even my friends of my efforts in this way. One reason was, I was ashamed to do so after having condemned it so loudly; another reason was that the social tie of a physician to the fraternity is very strong, and one hesitates to loose its grip before he can feel that he is assured of success in a new departure. I occasionally gave or tried to give a homeopathic prescription, always disguising the taste or color with alcohol or with burnt sugar. My first real and signal success was with a sick horse. A gentleman, whose sick mother I was attending, incidentally mearioned that one of his mares (one of a beautifitt black pair) was sick: that she would urinate every five to ten minutes. straining and groaning so that he could hear her in the house, urine bloody; that she had been down all day, and he thought she would never get up again. I was then in a hurry, just going, but I called for a teacup one-half-full of water. and a spoon. In looking in my case I found my cantharis bottle empty—had contained a ten per cent. solution. However, it contained a little moisture, not enough to drop out. I added a teaspoonful of water, shook it up and poured it in the teacup, telling him to give a teaspoonful every ten minutes. The next day I inquired after this patient. He said he gave her one dose and she stopped groaning; gave the second dose, she got up and went to eating. Had been all right without more medicine! Shortly after this 1 met a case which to me proved a medical education. While passing through a small neighboring village, three miles from home, was asked to stop and see a sick child. four years old. The child had scarlet fever. This was about noon. The child had already been visited that morning by three physicians. one old-school man and two alternating homeopaths. Each of the three had made the statement that the child was past cure, was not possible to save him. No effort was made, some medicine left. The child was being held in his mother's arms, throwing himself constantly from one arm of the mother to the other, cervical and parotid glands swollen so that the head was pushed back to the limit of extension. A sanious excoriating discharge from the nose; moanings and expressions of suffering with each motion; asking for water every two minutes, taking just enough to wet the mouth. Having a few years before worked through a very extensive and severe epidemic of scarlet

fever, losing twenty-five per cent, of my cases (under old-school treatment), I did not wonder that the three medical gentlemen gave an unfavorable prognosis. I sat and watched the case about twenty minutes. My studies in Hughes' "Pharmaco-Dynamics" suggested ars., and ars. alone, if we considered the law. 1 made the mental resolution to try it, yet without hope of success. I made the further resolution that, if the child recovered, that I would ever after endeavor, to the best of my ability, to give alone the indicated remedy. I gave ars. alb., 9 c. trituration. To make a long story short, the child in seven days was dressed, around the house, and sitting at meat with the family. I dismissed the case then. But to the hereafter. About four weeks from this time was again called in while passing. I found the child much bloated in face and limbs. On the table were three glasses, each nearly filled with a colored liquid, from which the child was taking a teaspoonful every hour, alternating, all from the same spoon. One of the alternating homeopaths had been attending the case for nearly a week; mother said there had been no improvement. There was improvement shortly after, from the indicated remedy, complete restoration to health. I had made the mistake of not looking after my patient longer, and continuing the medicine at extended intervals after so severe a sickness. I do not believe that any homeopath, even an alternating one, would claim that two or more medicines given at the same time, or in alternation, would have cured this case. I am sure of it, because I never made a cure, in the homeopathic sense, with remedies in that way. My patients would get well, often going through the successive stages, with symptoms palliated, and I did not kill anyone. But no clean-cut homeopathic cure did 1 ever make while practicing polypharmacy, and 1 treated many, some desperate and apparently hopeless ones with the one remedy—homeopathic.

Let us anticipate one of those alternating homeopaths prescribing for the case above mentioned. "Looking on the practical side," he would hardly have noticed the unity of arsenic in the symptoms. To the true homeopath they are imperative—a loud call of distressed nature for the simillimum. The pathology of the case hardly enters into the prescription. Ars. is the remedy, whether the case be scarlet fever. typhoid, dysentery, or pneumonia, and will cure. The former takes the objective and subjective symptom most prominent—prostration, heart failure. This, looking on the "practical side," calls for strichnine. This may not be sufficient, and he combines or alternates digitalis. This is not sufficient; whisky, milk punch, and brandy are supplemented. The glands of the throat are enormously swollen. This condition calls for application of iodine; also a spray of mer. bichl., or some other antiseptic astringent for the sanious excoriating nasal discharge. He takes the temperature every hour, keeps nurse and apothecary busy, and finally the undertaker. He has made a big effort, treated the patient in a practical way, but as far from the Halmemannian way as is darkness from daylight. Can we wonder that homeopathy is not better emphasized to the public by such representations?

The late Dr. McDonald of New York gave me my first homeopathic prescription. It was soon after I commenced studying our materia medica. I had suffered from dyspepsia for yearsevery week suffered a severe bilious attack, unless averted with an antibilious cathartic. I told him that I had so many symptoms that nearly all the medicines I had been studying seemed indicated. He told me that he saw but two remedies in my case, viz., brv. and nux, advising me to take them alternately two hours apart. I found on taking the bry, that I felt better a sense of relief—and after taking the nux I felt worse again. I, of course, left the nux, and continued using bry. It cured me entirely of my dyspepsia, biliousness, and constipation. I have never taken physic since. Now, it is a part of the patient's religion to "do just as the doctor says," and not knowing the doctor's fallibility, he would have failed to receive the results which I did.

A second case in point: a few years since, I was asked by a friend to take a case of pneumonia which was being treated by our "oldschool" men, and which he had pronounced beyond hope of recovery. I found bronchial breathing throughout the right lung, a part of the left, and a rapidly invading inflammation; respiration sixty, temperature one hundred and four; severe pain, cough, and bloody expectoration. For the life of me I could not tell which was best indicated, bry, or phos., and the opportunity in which to ascertain seemed very limited. I ordered inhalation of oxygen at definite periods, and gave bry, and phos, alternately. My patient "held his own" for forty-eight hours on this treatment, but I could see no improvement, and felt sure that he would die in thirty-six or forty-eight hours at most, unless I could find the one remedy. So in this case I resorted to old-school tactics, and gave tr. iod. xi., five drops every hour, to force absorption. The symptoms all improved, and I began to think in a week's time that my patient was going to recover on this remedy alone, when the cough and hemorrhage returned, more severe than when I first saw him, but showed more prominently the features of phos., which I gave in medium doses. My patient then fairly jumped to a recovery, without any other medicine. I reason that, had I felt able to trust the phos. alone when I first saw the patient, he would have recovered without the use of oxygen or of iodine. I have met so many cases illustrating clearly the superior efficacy of the one remedy that it is difficult to select one to relate.

In my first years of homeopathic practice I felt obliged to alternate, if I prescribed at all. I do occasionally alternate now; but I then confess my ignorance of medicine, or else my inability to get the history and symptomology of my patient. The habit of alternating in every case, as many do, makes it impossible for them to individualize in any given case where it might be very easy for them to do so, but for this habit.

My experience with the single remedy has been such that I have been almost tempted to say that I don't care how sick the patient is, if I can only see the remedy in his symptoms. Every homeopathic physician of some experience must at times be brought face to face with a difficult problem, with a case where he feels certain that there is nothing short of the simillimum or the indicated remedy that can keep his patient from passing the "border." This he cannot often ascertain from a careless consideration of the case, or even a most careful one, if he has but a superficial knowledge of medicine. He knows, or ought to know, from experience, that the "whip" in form of strong and stimulating medicines gives but a spur to the already jaded and exhausted life force; that the reaction, in consequence of their use, brings them still lower. Shall we then, in face of this experience, follow traditional medicine, and give hypodermies of stryclinine, morph., and atropia, whisky and ammonia. Is this looking on the practical side, ordering the practical thing? Or shall we search carefully for the corresponding remedy, that material spirit which permeates the minutest tissues of the whole organism, releasing the vital forces which are bound in the fetters of disease, giving a new lease of life to a being created in God's image, by the simple application of nature's own law. This may and does often seem difficult to do. A legal man can give weeks and months to the consideration of measures to save the life of a common criminal: can we not give a few hours, or even days, to the consideration of means to preserve a life worth saving? In the dawning light of the twentieth century we can clear away the deleterious environments of the case, turn on the electric light of our science, and even the x-rays, if need be; search as for hidden treasures, in this rich mine of truth, our materia medica: delve among gems until we find the jewel that

reflects the symptoms of our patient, and—victory!

Well, suppose we fail. There are others who fail, fail always in such cases. We have done our duty, followed the law in all of the light shining upon this generation. In the effort we have learned much of our materica medica, and feel better able to grapple with the next case. A failure, properly studied, is the greatest guarantee of future success.

One and perhaps another will say that this class of work is not for him, but for the geniuses of the profession—for a Hahnemann, a Boeninghausen, a Lilienthal, or a Mills. If it is in line to inquire how they became geniuses, the answer is evident that it was certainly not by alternating; but by studying diligently the comparative individuality of each medicine. They studied medicine day after day, year after year; studied medicine until the brain was tired, until the heart ached, and then went to bed and dreamed about medicine. This is the kind of labor that gives birth to genius, and of our scientists there have been no breech presentation.

## RECOVERY OF A COMPLICATED CASE OF "TABES MESENTERICA," AND A NOTE ON "FEVER CASES."\*

By HARRIET W. CARMAN, M. D., Asheville, N. C.

A case which may be somewhat interesting occurred during my practice in England.

I was called in to see an infant boy under six months of age, who was very ill, and given up by the physician who attended his birth, also a specialist in children's diseases, who remarked on seeing him, "Poor little fellow! Atrophy!" When I examined the child there seemed little to be done but give relief. He was lying in his cot, moaning and contracting his little face in pain (truly a pitiable sight), with scarcely power to cough. Milk either passed through him undigested in involuntary stools, or was rejected immediately after being swallowed. He was so emaciated as to be almost a living skeleton, caused by bronchitis and tabes mesenterica, the latter disease, no doubt, brought on by improper feeding. As the child was bottlefed and did not seem to thrive on milk alone, he was given Mellin's Food in quantities sufficient for an infant over ten or twelve months old: the result as stated.

The parents had been induced to give this food, as the elder sister, who had also been delicate and brought up on it, was then both

<sup>\*</sup> Southern Hom. Med. Assn.

healthy and strong. (She may have had a better digestion than her brother, and no bronchitis to battle with. I cannot say.)

The parents begged me to do all in my power to save their child, to which I consented, though

with little hope of success.

The medicines I prescribed were podophyllum 3d or 6th centesimal, ipecae 3x, cham. 3x, arsenicum alb. 3x, and calcarea carb., or calc. phos. 6, varying or alternating as symptoms required, in pilules crushed and placed in the mouth every one and a half or two hours.

The Diet.—Bovinine, about five drops in a little milk and water, or very weak Mellin's Food, a teaspoonful or more at a time, as could be taken, several times an hour, gradually increasing the quantity. Two days after, on calling, I found a remarkable improvement in every way. The child had kept down both the food and medicine, the stools were more natural, and he was beginning to notice things around. In another two days there was a still greater change for the better. I made only a few more visits at interval of three or six days between (it being a journey of several miles distant), leaving all instructions with the mother, which were faithfully carried out.

In less than a month the little fellow was able to laugh, crow, and crawl about, and was soon comparatively well and strong, a wonder to all his relatives, friends, and physicians. His photograph was sent me just before leaving England; he was then about five years of age, a

fine healthy boy.

I believe the Bovinine greatly assisted the homeopathic treatment, in connection with alteration of diet and the blessing of God. I might mention here that I have proved Bovinine to be a valuable and successful adjunct in many cases where they have not been able to retain the usual nourishment, or where there has been a tendency to atrophy, etc.

In Some Fever Cases.—I have found fresh milk compresses, or pack, more efficacious than water, as it possesses the quality of absorbing poison germs, the compress or pack must be renewed as often as it becomes dry, or smells sour. It may also prove beneficial in threatening abscess or inflammation of various parts.

## THE PASSING OF HOMEOPATHIC MATERIA MEDICA.

"Teach homeopathy in homeopathic colleges, and see that it is thoroughly taught! . . . If homeopathic students hunger after allopathic fleshpots, their cravings can be satisfied in al-

most any homeopathic college."—President Walton, A. I. H., 1900.

"It is rather a sorry commentary upon the intelligent membership of the school . . . [that] in the recent announcement of an eminent Chicago homeopathic college, among ten authors on surgery recommended to students, commendation is made of but one homeopathic text-book, and that one upon a specialty taught by the author.

"In the City of Brotherly Love, in an institution bearing the name of Hahnemann, the works on surgery commended are exclusively allopathic. Shades of Hahnemann, art thou forgotten?"—President Linn, Mo. Valley 11om.

Assn., 1900.

"One great need of this society is a revival of our study of materia medica. If our school is to live, it must be through its therapeutics. If we are to continue to demonstrate to the public our superiority over the old school, it must be by our application of drugs to the cure of the sick. We cannot rest upon what has already been done by the founders of homeopathy. New drugs must be proven and old drugs subjected to the tests of new discoveries in science."—President Butler, N. Y. Hom. Med. Soc. Jubilee, 1900.

"Through a motion from the floor Dr. Timothy F. Allen of Manhattan was prevailed upon to give his views on the subject, 'Ilomeopathy of To-day; Have We Progressed or Retrograded?' He said: 'In my opinion homeopathy was at its best, at its culminating point, in the days of Dr. Hering. Homeopathy has declined, however, and it has declined in the house of its friends. . . . Talk about advances in medicine! In my own practice I have learned enough to know that histology is not a science. It is very dangerous to base any knowledge on histological science. There is only one thing you can rely upon absolutely, and that is a symptom. I would rather rely on a symptom which I could find—a true symptom—than on all the learning of the histologists. A symptom can be tied to; it never deceives you. I have more faith in symptomology than in anything else. Symptomology is the only thing that is true."—X. Y. State Hom. Med. Soc. Jubilee, IOOO.

These extracts, as noted, are taken from the addresses of some of our most eminent members, and each bodies forth the same startling unanimity in the lack of one thing: the proper instruction in our homeopathic colleges. If

this be not so, then why the reference in three presidents' addresses; and the frequent iteration from all parts of the country for a better teach-

ing of homeopathy?

Is it a veritable fact that allopathy is taught "in almost any homeopathic college"? If this be true, is it the proper thing for the alleged homeopathic college to teach? And if that be also proper, in the light of many modern definitions of homeopathy, is it the proper thing for homeopathic preceptors, who have practiced homeopathy all the days of their lives, to send their homeopathic students to such alleged allo-

pathic-homeopathic college? If we are sincere in our profession of loyalty to homeopathy and its proper teachers, why do we give cause for the caustic but truthful arraignment by President Linn, as found in his address before the recently adjourned Missouri Valley Homeopathic Association? What boots it how many excellent homeopathic text-books, or new editions of others, issue year in and year year out from the gifted pens of Dewey, Arndt, Raue, Carleton, and others, if the student is taught to make use of them only to give color to his professions of homeopathy, when, in reality, the greater part of his time and all his love and inclination, being thereto directed by allopathic text-books, goes to the other and nothomeopathic branches?

Small wonder, then, that President Butler, of the State Homeopathic Medical Society of New York, at the recent jubilee occasion in Brooklyn, finds it necessary to plead for "a revival of our study of materia medica"... because "if our school is to live, it must be through its therapeutics;" therapeutics means homeopathy. Hence, a plea for our newer and more earnest advocation of homeopathy.

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Dr. Park Lewis of Buffalo presented an essay on "Homeopathy of To-day; Have We Pro-

gressed or Retrograded?" saying:

"Our surgeons to-day stand with the foremost, and there is no specialty which is not represented thoroughly trained for the work. But while we have participated in this great forward movement, we have not led in it. I do not recall one new procedure which the world has accepted that has come from a homeopathic source."—N. Y. State Hom. Jubilee, 1900.

The keynote to the long line of disasters which have latterly overtaken and almost destroyed homeopathy rests in that extract. It is because the surgeons have seduced our young men away from the study and application of homeopathy that we, to-day, find so little of the law of similia among our graduates. From

the moment the matriculate crosses the porch of the alleged homeopathic college he is made to see and feel and hear the paramount need of the tangible arts—surgery and gynecology. No matter how well prepared he may have been when he issued from his down-the-country preceptor, he is very soon caused to see the folly of depending upon medicines when the knife is so much the speedier and easier and costlier. Even the ordinary ailments of life are shown to him to be the indubitable results of minute organisms; and, naturally, with their destruction by serum therapy and other hell-broths, that afflicted body will be left free and in perfect health. Why, then, bother about symptomatology and homeopathy which have not added one single new procedure to the constantly shifting world of science? Do we hear the refrain that the colleges do teach homeopathy? Is it not rather eclectic medicine or the use of homeopathic remedies upon allopathic diagnosis, and not such homeopathy as Halinemann would recognize?

The extract from Dr. Timothy Field Allen's speech at the same jubilee meeting sounds a warning which has been heard before. Dr. Charles Mohr of the Hahnemann of Philadelphia said very much the same thing at one of the closing sessions of the American Institute at Weshington. This being so, both as to men and matter discussed, is it not high time that the colleges call a halt and forecast the cost of further procedure in this same hell-bent way?

This is not a fancy sketch. We have studied the homeopathic situation for several years. We have noted the students graduated from most of our colleges. We have heard them recite their marvelous cases in State and national meetings. We have seen their work in the articles published. And it requires no very great amount of acumen to note the trend of matters homeopathic. It may be that the practitioner lives to-day who will see our school a wreck—a pitiable jumble of allopathic-apings and chemical inconsistencies. That there are some colleges which strive with all the might and main and honesty of purpose in them to stem this threatening and submerging tide of homeopathic infidelity we gladly admit. But there are others, who having attained the heights of modern scientific investigation; whose ears are attuned to every the slightest vibration of change, are rapidly grown indifferent; they have partaken of the lotus and are not awake, or, if awake, no longer care for the danger threatening our existence. They are more concerned in the proper spelling of our Latin motto, and in what Halmemann ought to have said. Their surgical reputation now fills the college benches and the college coffers.

Ave, verily, verily, we need a revival, and unless we have it speedily there will remain no school upon which to exert its influence. For there is to-day rampant in the land what may be aptly termed the twenty-per-cent.-dividendpaying homeopathy. What that is, let those declare who know best, having sold themselves and profited by this trading of professional ethics and homeopathy for usurious commercialism. In the far East, and somewheres, also, in the Middle States, we have scientific homeopathy, which views all things through laboratory spectacles and brass barrels of microscopes, and is prepared to give the exact working formula for all things dreamt of in heaven and earth, Horatio!

In many of our colleges a few eminent men still hold the materia medica portfolio. But of what value, when the remainder of the mechanical and infidel chairs of that same faculty connive at negativing the work and making ridiculous their inculcation of the ancient art of homeopathy! How many first-class homeopathic teachers have we still in the traces who continue possessed of the divine fire of homeopathy? Heber Smith is gone. Cowperthwaite is in private life. Baxter has resigned. Kent failed of success in Philadelphia. H. C. Allen does a stint in his Hering College. There remain McElwee, Boericke, Dewey, Leonard, Royal, and the two stalwarts already quoted, and how many more? Add fifteen years to each of these men's lives and who will remain to hand the torch of similia to after-coming ages? But ask what surgeons or gynecologists there are in our schools, and instantly the wood is full of 'em. There is no limit to the crop. "There is no specialty which is not represented thoroughly trained for the work;" but the homeopaths have made no progress! The pity of it, Iago!

And we dare, in the face of these warnings from high places, and the knowledge we have of the teachings in our schools—we still dare send our homeopathic students to alleged homeopathic colleges and expect them to return to us—homeopaths! Let us have a crusade of homeopathy preached by some nineteenth-century Peter the Hermit! Verily, verily, there must be a revival! Namby-pamby reading of lectures transferred bodily from Farrington, or Dunham, or Hughes, or Dewey, will not save us. There must be life in the preachments!

For keeping steel instruments from rusting dip them in a saturated water solution of carbonate of soda, let them dry, then wipe them slightly with a clean handkerchief (linen, not silk). Some other substances have been advised, but carbonate of soda is the simplest and the most effective.

#### NEUROLOGICAL MEDICO-LEGAL EXPERIENCES.\*

By CHARLES K. MILLS, M. D., Philadelphia, Pa.

In October, 1884, a convict of the State Penitentiary for the Eastern District of Pennsylvania was tried and convicted of murder in the first degree. During the progress of the trial I was asked by the Court whether I believed that a delusional lunatic, or any insane man, if impelled to the commission of a crime by wrath, anger, revenge, etc., was a responsible being, and answered in effect that if an insane man does an act from an insane motive, connected with his delusions, he is not responsible. The next day one of my medical colleagues, also a witness for the defense, wiser in his day and generation than I, when asked by the judge whether a delusion such as the accused had would render him irresponsible, replied that, if responsibility to the laws of the land was meant, he thought that it was the province of the Court to decide.

At that time my view was that when a man was on trial for his life and was being defended from a medical standpoint, the question of responsibility was one to be frankly met by medical witnesses. I took the ground that such a question put to a medical witness had reference to the moral accountability of the person under discussion. Later I modified my views and changed my policy as to answers proper to questions of this description. It was held in the instance related, and I now think correctly, that I had invaded the province of the Court. My duty was simply to define the mental status of the accused.

A number of times since 1884 I have been questioned on the witness stand as to my views regarding the responsibility of the person on trial. Such a question was propounded to me by the district attorney in a case in Bucks County, Pennsylvania, where I was a witness for the defense. My answer was simply to turn to the honorable judge and say that the responsibility of the accused did not rest with me, but with the Court, an answer which manifestly pleased both the Court and the audience. In a recent case tried in Camden, N. J., in which I acted as medical witness for the prosecution, after I had given my testimony, which was to the effect that the insanity of the prisoner had not been established, the counsel for the defense, during the cross-examination, asked me whether, in the light of the facts that had been presented, I was willing to say that the man was responsible for the act which he committed. My answer was that I was not an expert on re-

<sup>\*</sup> Colorado State Medical Society.

sponsibility, the reply being evidently as satisfactory to the Court as it was unsatisfactory to my interrogator.

#### APPENDICITIS.

A Texas writer, Dr. J. G. Boyd, recently discussing appendicitis, mentions a class of cases which he calls non-pus cases and treated medically. He says further "this class does not include a number of cases in which the diagnosis might be questioned from the mildness of the affection. They were all treated by laxatives, enemas, opiates, and local applications, usually heat. In from four to ten days these patients seemed about as well as usual. You may wonder why they were not operated on. I can only say that their condition was not sufficiently serious to absolutely demand operation at the time, and there is another very definite reason they would not submit to a somewhat serious operation. Two of them have since had attacks and recovered without operation.'

These facts do not seem to have influenced the writer's conclusions, which we append:

"As an attack of appendicitis treated medically generally leaves behind a crippled appendix, which serves as a focus for future attacks, and as recurrent cases admittedly require operation the ultimate results in statistics of appendicitis would be better if all cases were subjected to operation at the hands of an operator of average skill as soon as a diagnosis could be made."

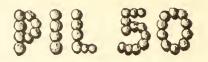
#### OUR MEDICAL CANTEEN.

What a jolly good thing it is that the members of the medical club which, in their social features, rest in some part on the appended resolution, are not running for a high political office:

"That all members of this club who act as hosts shall adhere to the original simple menu for the luncheon, viz., cold meat, sandwiches, cheese, crackers, not more than two kinds of any of the foregoing, also olives or pickles, or both, beer and ginger ale, cigars and cigarettes.

Think what a malodorous stink could be generated to envelop and suffocate any such political aspirant, because of this "original simple menu" with its admission of beer among the possibilities of temperance and social equa-

bilities; "and cigarettes, too!"



#### Raising the \Dead: Two Remarkable Cases.

In "Le Docteur Servans" the younger Dumas tells the story of a doctor who, by dint of much study and experiment, learned the art of bringing the dead to life again. He did not find his talent as popular as he expected; and we do not think the achievements of recent imitators are likely to make it more so. We take the following from a letter of a Paris correspondent, reporting the meeting of the Acad-

émie de Médecine: "Raised from the Dead.—Two cases of momentary resurrection were communicated. One, that of a young man, aged twenty-four, had been operated on for appendicitis. For days after the operation he was seized with syncope, and M. Tuffier, who had been the operator, having assured himself that the heart had ceased absolutely to beat, employed the means usual in such cases, artificial respiration, traction of the tongue, but without effect. Seeing that the case was hopeless, M. Tuffier slit up the third intercostal space, opened the pericardium, and seizing the heart in both hands he made from sixty to eighty rhythmical compressions. In a short time the pulse began to beat, the dead man opened his eyes, stirred his head. and recognized even the operator. But at the end of two or three minutes the pulse became weaker and ceased for the second time. The compressions were renewed with temporary success, while a third attempt failed completely. The autopsy revealed the cause of the failure. The pulmonary artery was blocked by an embolus, M. Tuffier believed that, were it not for that clot, the experiment would have suc-

"The second case was that of a man who, in the course of an operation for intracranial abscess, succumbed, doubtless from the chloroform. Every means were naturally tried, but without effect. The spectators had quitted the theater, but the surgeon (M. Marion) continued the operation and exposed the brain. Already more than twenty minutes had elapsed since the patient had ceased breathing. Passing the fingers into the cranial cavity, M. Marion touched, as by accident, the bulb, and immediately, to the surprise of the assistants, the dead man heaved a deep sigh. When the finger was withdrawn, the respiration ceased instantly. Repeating the operation with regularity, the surgeon had the satisfaction of seeing his patient come back to life. He re-died, however, forty-eight hours after, from an abscess."

[These are both remarkable instances, and give leash to a vast train of thought of future discoveries and possibilities. When is a body dead? Where is life situated?]

#### Medical Colleges Should Follow Schedule.

An earnest young physician of high scientific attainments, having been recently appointed to a teaching position in a certain medical college, made this remark to a professional friend: "1 am ashamed for my college and myself when I come to examine the papers that my students present. The lack of a proper education in English is so apparent that I feel certain half of our students could not pass a rigid examination for entrance into a good high school." Yet the college with which he is connected professes to live up to the requirements of the Association of Medical Colleges. Faculties and professors need not imagine that the students themselves are blind to the inefficiency of methods that characterizes some of the colleges. The young men realize their own shortcomings and the shortcomings of their instructors only too vividly. But some become impressed with the fact (?) that it is all right to mislead each other and also the public, and from this class the quacks of the future will be recruited. Charlatan professors make charlatan graduates. Ignorance begets ignorance. That "professor" who feels that he must, in the spirit of loyalty to his college, supply at least three students each year, even if he recruits all his barber, drug clerk, or coachmen acquaintances, is doing a woful injustice to the whole profession. Let the schools cast out such men from the ranks of the faculties. And if the casting-out process is so extensive as to result in the final disintegration of a few faculties or the disappearance of a few schools which find it practical to "amalgamate," so that one college will eventually do the work now performed by three, the mourning will be neither very deep nor very long continued.—Phila. Med. Journal.

[This is very much like what we have been saying for about ten years. Under the Ohio law the illiteracy count will soon be a condition of the past—for that is very strictly provided for.

Some years ago we published, anonymously, an examination paper from a leading homeopathic college, which paper was a wretched jumble of English and medicine. The student passed all right, but the professor, who disclosed

the secret of the modern star-chamber, was summarily dropped from the faculty, and the merry dance went on, just the same. The closing paragraph of the "cutting" voices the opinion of more than two-thirds of the profession. What is the use of carrying along in a haphazard, half-starved way a half dozen colleges in a given district, when one really good school would most acceptably fill the bill? Of course, that would remove a large opportunity for advertising of the various "professors," but would it not be distinctly in favor of the student, the profession, and of the world at large? It is well to remember that it is not necessarily the small or obscurely located college that is guilty of the worst college faults.]

#### Globules.

—"The North American Journal of Homeopathy" for November, 1900, presents the excellent paper of Dr. H. F. Biggar, which was read at the International Homeopathic Medical Congress at Paris this past summer. The illustrations are in two colors, thus setting off with great clearness and effectiveness the different anatomical regions upon the skull. The paper itself is a fine one and evinces great study and research. Some people, evidently, cannot write kodaked and scissored and paste-potted text-books, but they can and do write progressive and original papers for the everyday profession to read and appreciate.

—Before these few lines shall feel the impress of the types the inauguration and installation of the Ann Arbor Homeopathic Hospital will have been concluded, and the participants in the festivities will have had time enough to sleep off the effect of the liations that are most certain to be poured out in honor of the occasion. For Ann Arbor and her hospital crew do naught by halves. We sorrow chiefly that we were not a participant, seeing that some of the profession from other parts were to be there. No one, however, can exceed us in our good wishes for the prosperity of this hospital and its adjacent college.

—During the semi-monthly meeting of the Homeopathic Society of Northeastern Pennsylvania, held in Dr. Coe's office, Wilkesbarre, among other interesting papers was one by Dr. J. A. Bullard on "Appendicitis," in which he said in effect:

First—That the appendix is not simply a

rudimentary gut created solely to enrich the

surgeon.

Second—That there have been more deaths during the past five years following its removal than have resulted from cases treated medically for five times that period.

Third—That only a very small percent, of those cases operated contain pus or show any other pathological condition that would warrant

surgical interference.

Fourth—That in hundreds of cases where an operation has been declared to be the only hope of saving life they have been promptly and permanently cured by the homeopathic administration of the indicated remedy.

Fifth—That the reason the allopath prefers the knife to safer method is because he has no materia medica covering the case, and, therefore, no other resource.

Sixth—That, knowing no other cure, he is

obliged to cut.

Seventh—That the indicated remedy will cure ninety-nine per cent, of the cases usually diag-

nosed appendicitis.

Eighth—That the homeopathic physician is possessed of well-tried and proven materia medica, and that the allopathic doctor has none worthy the name; hence, what he can't cure he cuts.

—There isn't a moment's question that the oldtime Fisher has been blowing the bellows of the "Medical Century" in his most recent issue. Those whacking, resounding blows at the old malignant opposition to the former Ann Arbor Homeopathic School ring in 'a fellow's ears for quite a "spell" after hearing them. We second what our absent brother says of the present rehabilitated homeopathic school at Ann Arbor, and we wish it abundant success and a long life. It is a school which is deserving of success. There has not been within our recollection a school so hampered and bedraggled and bedeviled and all apparent life knocked out of it, as has been this same Ann Arbor school. That it has regained its feet and now shows a determined front is due in great part to the resolution, energy, skill, and unabated zeal for homeopathy exemplified in those stalwarts, the Big Four: Hinsdale, Dewey, Copeland, and Kinyon. These four we know have done yeoman service. Others helped also and are entitled to their share of the dividends. Taking it all in all, near and by, there isn't a better homeopathic school to be found in the length and breadth of the United States. We speak advisedly. We have no quarrel with some of the big schools in the East and West flying the corrected Latin motto of our guild. They have their excellences, as have some in the Middle States. But

for downright, upright, all-around everyday and every hour homeopathy, we challenge the remainder to show a better bill of health than the Ann Arbor school under its new management. It is peculiar and most lovable in one other particular—as well as for its homeopathy—and that is that the faculty is known as a unit in this work; it isn't one man or one chair that is held out for advertisement, and all the rest, residue, and remainder simply stool pigeons.

—We notice the election of our genial friend and fellow editor, Dr. W. E. Bloyer of the "Medical Gleaner," to the presidency of the Association of Orificial Surgeons, We congratulate the association upon its advancement to chief place of so good and so excellent a physician and editor. We predict unanimity of purpose and greater success than ever under the benign and kindly ministrations of Dr. Bloyer.

—"There seems to be a tendency among certain physicians," says the "Medical Examiner and Practitioner," "to refer the cause of locomotor ataxia to syphilis in most cases. To do so sayes a lot of thinking; but do you always do full justice to your patient? We once heard a prominent physician of this city say that he was in the habit of placing his patient upon an anti-syphilitic treatment when other remedies failed, and he was often astonished at the beneficial results obtained. The lesson seems therefore to be, when in doubt use anti-syphilitic remedies."

—"When the axes of the cells composing a given structure are symmetrically arranged, or in the same plane, the condition is normal and the part is said to be in a healthy condition." This very learned definition, says Anshutz in the "Homeopathic Recorder," is taken from a very learned source; and whereupon he reasons that if one will but take care of the axes health will take care of itself. The advances in medical science are sometimes quite amazing; almost bewildering, in fact. It is safe to say that the learned father of this learned definition is a bookmaker or, at any rate, if he has not vet touched that supreme point of medical excellence—a medical professor, probably in the first two—the ornamental years of the modern medical school; for in these two years the theoretical and higher hypothetical and hazy are in the ascendant. In later years, when the practice of medicine becomes an established practical fact, fine spun theories are left severely alone. To give an exact definition of health is as impossible as it is needless.

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## The Elmerican Ibomeopathist.

JANUARY 15, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



FRANCIS GRAY BLINN, M. D., New York.

CINCE Mister Mosquito is become now more prominent and scient fic in addition to his former pestiferous persistency, because of his alleged dabbling in malaria, it reminds us to suggest that some of the older hands turn back the wheels of time and revamp those provings of culex musca and the others of this same tribe which Professor J. T. Kent and some of his former St. Louis classes made and published in some of the journals. So it always seems that homeopathy leads in the van of discovery.

R. R. B. LEACH, of St. Paul-near Minneapolis of the North—is in receipt of papers from South America detailing the success of his theory of Arsenization in the prevention, mitigation, and cure of certain forms

of the indigenous fevers. We have a learned translation from a South American source in our copy box, which, when published, will show the merits of Leach's ideas. There ought to be no indifference on the part of the homeopathic profession in furthering this Arsenization Commission's purposes, for Dr. Leach poses as such suggestor always, and only as a homeopath. It will redound to the success of similia if we can induce the proper authority to authorize a suitable commission, headed by Dr. Leach, to visit the fever district and make further trial of the latest advances recommended by Dr. Leach.

WE note with poignant grief the course pursued by our former level-headed brother of the "Hahnemannian Advocate." From present appearances he is worshiping strange idols, and in a little while will desert our camp entirely. He is fast leaving a field that needs his former advocacy of Homeopathic purity more nearly every day than it does his present bent for psychology and phrenology and kindred fads. There is no wish on our part to belittle the value of psychology and phrenology as studies and parts of science; but crowding these into the domain of medicine makes a bad mixture and cannot continue without confusion. Since the "Medical Advance," and the "Homeopathic Physician" of Philadelphia seem both to have been gathered unto their fathers, the field for pure homeopathy was occupied almost wholly by the "Hahnemannian Advocate." Better desert these strange gods, brother, and come back to homeopathy, pure if high, without frills or feathers.

#### DR. W. A. DEWEY, EDITOR.

We learn with great pleasure that our eminent friend, author, teacher, and compiler, Dr. W. A. Dewey, of the University of Michigan Homeopathic College, has purchased the Medical Century, lock, stock, and barrel; and that from this time forth it will be a true homeopathic journal. This is not to say that the old Medical Century has not had sporadic attacks of homeopathy; or that it was not a good homeopathic classic at the outstart; but it does mean that it had sadly fallen away from that pristine estate in later times—especially in the absences of its former talented editor, Dr. Fisher. In one or two of its recent issues there had been fitful revivals that looked like the former editor had returned to the flesh and would once more accept the responsibilities of the work. Now we learn that he has stepped down and out and with him all persons and policies which had for some time past dragged the once beautiful and fearless Medical Century almost in the mire. Dr. Dewey is an ex-editor and, therefore, brings to his work the experience of former labors in this line, together with the added knowledge gained from more recent authorship and teaching. We do not know of a man in the profession of homeopathic medicine more perfectly fitted for the work he has elected to do than Dr. Dewey. A man of many parts, a linguist in many languages, an author of many popular homeopathic books, a rare good writer, and, above and beyond all that,—thanks be to God! and for evermore,—a warm-blooded homeopathist! We welcome him back to the editorial ranks with glad hands and loud hosannas. And we bespeak for him and his new journal a generous patronage. Dr. Dewey assumes editorial charge of the Medical Century with the January, 1901, issue.

#### THE BUBONIC PLAGUE.\*

By Bushrod W. James, M. D., LL. D.

Inasmuch as the bubonic plague has been for several years prevailing in the lower part of China and in India, it was thought best to hold an International Plague Conference, which Conference was held in Venice in 1897.

Passed Assistant Surgeon H. D. Geddings of the United States, who was the United States representative to the Conference, has obtained a great amount of information on this subject.

Surgeon Eugene Wasdin of the Pasteur Institute in Paris has also collected a great many facts in connection with the plague, and from various other sources Surgeon-General of the Marine

Hospital Service, Walter Wyman, has, through the Treasury Department, thrown together the most recent investigations and thoughts upon this pestilential disease.

The fact that it has spread as far west as Glasgow, Scotland, and some other points on the line of commercial travel with the United States, it seems important, at this time, that our club, which is always ready to investigate any approaching epidemic or look into any new form or development of disease, should take up this dis-

ease for this evening's discussion.

With this introduction I will enter upon the consideration of the plague and its variations, with a view of bringing out debate that will be to the advantage of each member of the society. With the utmost vigilance by the quarantine authorities it is questionable whether the disease will not entirely escape the cordon thrown around the commercial shores of this country and that we will soon have to receive it face to face and know the remedies with which to cure it, in its various phases, and the best measures to adopt for the prevention of its spread and the management of those, who, from their unsanitary living, are likely to carry the disease from the lower walks of life into the more sanitary quarters of our populous cities. What, then, is the disease known as the bubonic plague? Cantlie of England calls it a malignant polyadenitis, attended with acute fever and an inflammation of the lymphatic glands, with considerable vascular and cerebral disturbance; suppuration going on in intensity so that fatal results occur in a large proportion of the cases and, although only one or two of the lymphatic glands may appear to be affected externally, still, on an autopsy being made in fatal cases, it is usually found that almost the entire lymphatic glandular system is involved and these glands enlarged.

In a period from twelve hours to twelve days, generally about four days after exposure, the discase develops with the symptoms I have named. The fever is likely to cover at least a week, and if the case recovers, convalescence is protracted. In unfavorable cases, death usually occurs in from two to eight days, but most generally within two days. Where the case runs along for nearly a week, the prognosis may be considered as be-

ing favorable.

Petechial spots, with extravasations of blood, can be seen in or behind the skin. At the outset of the disease, a person, in the very best of health, may be taken down with large glandular swellings, principally in the thigh, groin, axilla, and neck. The swollen gland rapidly increases in size until it is as large as a hen's egg, and should the patient survive the aggravated symptoms from five to seven days, after the enlargement is noticed, suppuration may occur and a

<sup>\*</sup> Read before the Hahnemann Club of Philadelphia., Pa.

glandular abscess result. Quite a proportion of cases, however, are so aggravated by the inroad of the disease that death results before the suppuration takes place, or in many cases without even the glands showing any external evidence of the disease, although autopsy shows almost every gland in the body to be affected. A septicæmic condition of the blood results in all these cases, and the toxæmia reveals itself in the shape of a cerebral or meningeal inflammation, the central and axial nervous system being the principal seat of its violence; the toxins causing a breaking down of the capillary blood vessels which permits of more infarcts and punctate hemor-

The specific bacillus of the disease was discovered by Dr. Kitasato, who was one of the physicians sent by the Japanese government, in 1894, to visit Hong Kong and report upon the epidemic, which was prevalent at that point during that year, hundreds of cases dying daily. plague bacillus, as discovered by Kitasato, was announced by the University of Tokio. Dr. Arnold, of the United States Navy, was also interested in investigating the disease during this same year, and he obtained cultures for experimentation which are now being conducted in the

laboratories of the Government.

The fact being established that the disease was produced by a special plague micro-organism, pathologists inform us that the blood becomes involved by the presence of these bacilli and many groups of them are found in the spleen, particularly when the disease extends over the second

day.

Dr. Wyman says that the death-rate varies with different epidemics, being from 50 to 90 per cent., and that nationalities also influence the disease; for instance, he states, from the official Hong Kong report in 1894, that the Chinese lost 93.4 per cent.; Eurasians, 100 per cent.; East Indians, 77 per cent.; Japanese, 60 per cent.; and Europeans, 18.2 per cent. He says the small relative percentage of deaths among the Europeans is attributed to the blood and stamina of the latter, and in the early treatment and confidence of the patient in his European medical attendant.

Kitasato says the bacillus somewhat resembles that of the chicken cholera, being a short rod with rounded ends, with great multiplication, and is non-spore-bearing. It enters the human system with great ease, and its rapid reproduction causes the patient to rapidly succumb to the virulence which it carries with it into the human

The microbe is found in the pus that escapes from the suppurating inflamed glands to which I have referred. Sometimes it is found in the interior organs, and in extreme cases in the fæces and blood. It is also found in the dust of in-

fected houses, and even in the soil. To chemical disinfection it shortly succumbs to a one per cent. solution of carbolic acid or lime water. The microbe dies in about four days if kept at a dry heat of 140° F., or a half-hour's presence in a temperature of 176° F. will destroy them. A few minutes is sufficient to kill them if the microbes are subjected to a temperature of 212° F. The Marine Hospital service has demonstrated that its destruction is easily obtained by all of the ordinary disinfectants, yet it develops with great ease in many of the ordinary culture-media at 64.4°

to 71.6° F.

Dr. Yersin of France, who found the germ at the same time as Kitasato made his discovery, gives the following description, which is confirmed by Roux: "A cocco-bacillus, almost as broad as long, and about two micromillimeters in greatest diameter. It stains very readily with the ordinary aniline dyes, but it is easily overstained, thus masking its true characteristics. It is best stained with a one per cent. solution of thionin, carbolized, when it shows as a cocco-bacillus, staining more deeply at the poles than in the center, and forming chains of three or four elements. It is completely decolorized by the method of Gram. It grows readily upon ordinary media, as peptone-agar, peptone-gelatin, and peptone-bouillon. Does not liquefy gelatin. Upon agar the separate colonies are very small, round in shape, almost transparent by transmitted and white by reflected light. In bouillon, under ordinary conditions of temperature, it forms flakes or flocculi, which rapidly sink to the bottom of the flask or test tube, leaving the liquid above clear. This is characteristic. Examined in the hanging drop, the organism is absolutely devoid of automobility.

In old cultures upon agar and bouillon the organism rapidly assumes involution forms, some of which are very curious, and most prominent among them is that of a rather long, slender bacillus, segmented, and presenting a vacuolated appearance. In this state they stain badly and have notably lost some of their virulence.

The difference in the two descriptions, as detailed above, may be accounted for by the pleomorphism of the bacillus in old cultures, but the latter is the form usually met in animals subjected to experimental inoculation and in patients recently dead with the disease. Heat and moisture are both required for its development. The disease is spread from two sources, which it is difficult to overcome; one being from rats on vessels that are affected with the disease and which escape the quarantining, and the other from the walking form or pestis minor, when the patient is not confined to bed and when he has the symptoms of the disease from ten to thirty days before it develops in the severe form. In the

treatment of the disease by the serum prophylaxis or serum-therapy, Wyman states that "Any serum which is curative against plague is preventive, but unfortunately the reverse does not hold good. A serum perfectly prophylactic may be powerless to cure when once the disease has declared itself." He says that at present there is but one accredited remedy for the cure of the plague, namely, the curative or antitoxic "antipest serum" of Yersin and Roux.

Raue's "Pathology and Therapeutic Hints," 3d edition, says of the treatment: "In the August number, 1879, of the North American Journal of Homeopathy, p. 63, Dr. C. Hering says: Lorbacher proposes as the main remedies for the plague, lachesis, arsen., carbo veg., chin., sulph., and ars., phosphorus, secale, and anthrac. We may mention here our proving of badiaga, which might be considered a remedy against the

plague.'

"What lachesis will do is uncertain. Still more uncertain is arsenicum. China as not being proved, we may leave aside altogether. Secale is another drug only known by poisonings. Anthrac. very likely will be of great importance in the plague. Kali phosph., proposed by Raue, we permit ourselves to mention as very promising. Stramon. has more similarity to the plague symptoms than bellad., and silicea more than hepar. Loimine, a preparation of the pus of the plague, brought here by Dr. Theuille, has cured cases of the greatest importance; one with suppurating swellings along both sides of the neck, and cured them permanently."

Preventive treatment, with thorough disinfection and complete sanitation, is the best method of meeting or preventing an epidemic of the

plague.

#### A BEDRIDDEN CASE CURED.\*

By M. K. KREIDER, M. D., Goshen, Ind.

I looked with pity upon the almost lifeless form. She was the mother of two children whose ages were four and six years, respectively. She had been bedridden for nearly four years; during the last three years she was constantly in bed. Those hands that looked like birds' claws, the emaciated form, the pinched, dejected countenance, quivering with suppressed sobs and sighs, as she attempted to give me a few of her symptoms, haunt me still. "Doctor," she whispered, "is there any hope for me? I have been sick so long. I am so discouraged. The doctor comes and goes, gives me medicine, but no encouragement. The neighbors and friends who, a year or

\* N. I. and S. M. Hom, Med. Soc., 1900.

two ago, came to my bedside, cheerful and happy, bringing a ray of sunshine with them, now come in, look at me sadly, say a few solemn words, and then leave me impressed that it will not be long, it will soon be over. Doctor, is there any happe?"

The above is a case I was called to see about thirteen miles away in the country. The messenger who summoned me, and took me in his own carriage, told me on the way that the people were poor, that the church would pay me for my services, but he thought it was too late to do any good. The neighbors and friends looked for her demise at any time.

On arrival I looked my patient over, and gave her as careful an examination as I could on my first visital. The history of her case told me that her sickness dated from the birth of her last child. I suspected some form of uterine or rectal trouble or both. On examination, I found a lacerated cervix, an eroded os uteri, and a profuse leucorrhoea. Her rectum was also somewhat ulcerated.

After knowing her condition I gave a favorable prognosis of her case, I told her she would get well; that I would put her on some remedies that would build her up, and as soon as she was able to stand it, I would repair the lower orifices of her body. This suggestion had a wonderful effect on her. Her countenance brightened up, and she actually talked above a whisper before I left her. I prescribed sepia and pulsatilla, and again positively suggested that she would be well. I left her that day in a far better frame of mind than when I met her. I went home satisfied in my mind that I would hear a good report from my patient. This I did in two weeks after my first visit, when her husband called for another prescription.

He reported her slightly improved in many ways. One thing he noticed especially: her mind, that had become enfeebled by her protracted illness, now was stronger and more buoyant. I visited her another time, six weeks after my first visit. I found her much stronger. She was now cheerful and happy; could sit up long enough to have her bed made. She menstruated regularly; and I again positively told her that she was on the highway to recovery, and that she would soon be up and about the house. Her husband called for another prescription about one month after my last visit, with the happy tidings that his wife was now up, and did light work about the house, and went visiting.

I report this case as an interesting one, from the fact of her prolonged illness, and her gradual, steady improvement after my first visit

steady improvement after my first visit.

I consider the "paramount issue" in a campaign of this kind is to unfetter the mind. Dispel fear, speak positive words of encouragement. In short, impress your patient with the proper

suggestions, and the victory is at least half won. This patient has pinched terminal sympathetic nerve fibers from the effects of a lacerated cervix, and consequently impaired sympathetic nerve force, greatly retarding capillary circulation. Her hands and feet are cold and clammy, and her health will be permanently restored only after the impediments to a perfect capillary circulation are removed, namely, all infringement to the sympathetic nervous system at the lower orifices of the body.

#### WHAT A WOMAN DID.

Dr. Ellen L. Keith of Framingham, Mass., writes a paper, published in the N. E. Med. Gazette, descriptive of a case of mental infirmity and physical deviltry which it would be well for others to see and read. It is the instance of a lady of fifty-nine, who had been a school-teacher up to the time of her marriage. During the closing months of her life, she had pernicious anæmia, accompanied by diffuse sclerosis of the spinal cord. Her limbs were ædematous, especially the lower, and practically useless. proved to be a most difficult person to care for. There seem to have been employed during her later illness eleven trained nurses. During this time of mental incapacity and imbecility she made a will, and this, being contested at her death, gave rise to this paper. The trial showed, according to medical expert testimony, that the woman was absolutely incapable of making a sound and discriminating disposition of her property; and yet, according to the learned judge who sat in trial of the case, it was deemed sufficient for all legal purposes, and the will was sustained. We quote in full the writer's description of the patient's treatment of her husband:

"This was most peculiar and exceedingly trying, not only to him, but to all who had to witness it. When he was with her it was almost impossible to care for her properly, she would be so unreasonable and determined that he should do whatever was to be done, no matter how many nurses were ready to assist her. Then, if he did try, she would hold his efforts up to the ridicule of those about her. When he would leave her room she would scream loudly for him to come back and stay with her, but while with her she him. When asked why she wanted him with her would talk most unreasonably and abusively to if he made her so uncomfortable, she said it was because she loved him so. It would be difficult to present a clear picture of her strange conduct and actions towards her husband and towards those who had the immediate care of her."

Notwithstanding the testimony of mental ex-

perts and of other physicians, and the disclosures of the autopsy; notwithstanding all the evidence taken that would convince any jury of but average intelligence; all this was set aside and the will made by this enfeebled, insane woman was permitted to stand.

#### A MODERN HAHNEMANN.

If the genius of modern homeopathy, the technique- and science-loving homeopathy, could crystallize its energies and efforts and become a modern Pygmalion, and succeed under the stimulus of great fasting and prayer in putting promethean fire into that inanimate figure in Scott Circle, so that the Master of Modern Therapeutics could come down off his pedestal for a few days and take his place in the profession and school which still flaunts his name, not as a trademark, nor for publication, but only as an evidence of good faith, he would, first of all, become a subscriber to the twenty-per-cent. dividend-paying homeopathy, and therefore use Combination Tablet No. 14 for diarrhea, and Combination Tablet No. 23 for constipation, and Combination Tablet No. 42 for coughs and croups, and Antitoxin, ever so many volumes to each case of diphtheria, and Cineritia Maritima for cataracts, and somebody's Dollar Package Sure-cure for goiter, and Fareol for pain, and Pix Creosole for everything else not hereinbefore classed, tagged, and catalogued.

He would be properly overwhelmed in confusion to find that homeopathy had made no distinct addition to the science of medicine beyond the mere curing of sick folks; he would haste to throw aside his famous thirty remedies in order to invest in instruments, and absorbent, and gauze, and gut, and a modern Frankenstein-horror—the operating chair—and perform Ovariotomy for Ovaritis, and Appendectomy for Appendicitis, and Hysterectomy for Hysteria, and ever so many other otomies wherever the Latin termination -otomy could be dovetailed in.

And thus he would become au fait and be welcomed with open arms in all, or 'most all of our modern medical societies and colleges where the name Homeopathic has still been left standing over by the door by a first intention.

He would be a master bugteriologist. He would find diphtheria the undoubted result of the nesting of the Klebs-Loefler bacillus; gonorrhea the immediate offspring of the gonococci; and tuberculosis with its embryology in the coma bacillus.

Each morning at half-past eight he would be found in the operating room of one or the other of the city's numerous hospitals, girded about with a red-rubber apron, his head swathed like a Mohammedan priest, his hands and arms bronzed with permanganate, in the midst of boiling and baking accessories and instruments and things that would suggest a private room in the Torquemada Hospital for Refractory non-Believers, or the engine-room of a modern Kaiser Wilhelm der Grosse. He would jest lightly with the head nurse; pass elegant pleasantries with the other handmaidens and students and admirers, the while picking infinitesimal flotsam and jetsam from under his parboiled finger-nails.

And the next morning's paper would have a snuggled-in, but fairly correct report of the wonderful operation at the Godforsaken Hospital by the celebrated Dr. Hahnemann, discoverer and promoter of the homeopathic system of therapeutics, in which operation he had resected the thoracic duct and thereby discovered a verification of his most recently elaborated theory of the

origin of the bubonic plague.

He would be a stalwart of the stalwarts. He would appear at the local society meeting next ensuing upon this his most famous operation with a small wicker basket tastefully arranged in layers and sections of ovaries and uteruses—like the bones and skulls of the eleven thousand slain and dead virgins of St. Ursula in Cologne—and expatiate most learnedly upon the latest technique and ligatures and chromic gut and rot gut and other kinds of gut.

Then and thus only would he meet the approbation of that element in our homeopathic ranks who are forever thrusting it into our teeth, and grinding it into our vitals, that if Hahnemann were living to-day he would throw out his Organon and his high potencies and single remedies and become "one of the finest" of surgeons and gynecologists. And Homeopathy—what of that? Ask of the winds that with fragments

strewed the sea!

Nay, nay, Hahnemann would do nothing of the kind. The discovery he gave us would be reanimated and made to glow, under his wonted sledge-hammer blows, with fervent heat, and become again in a short time, as it was in his time, the paramount issue. There will always be doctors, and surgeons. And the two will never form a siamese twinship. They are, and always will be, diametrically opposed. Each will always have his little kingdom. Why continue to rub the one into the raw of the other?

It were indeed wise not to implore the power of supplication of Pygmalion. We had better leave the colossal figure seated upon its granite throne gathering the tan and tone of time. He might prove an unwelcome visitor in some of our societies and colleges. That classic pose of meditation and serene satisfaction, that air of listening to Walton's address and Helmuth's poem, might

be changed in a twinkling to one of stern reprobation, with flashing eyes and jovian frown. And those bronzéd lips might hurl his old-time anathemas at the hypocrites—some of whom dare to sit in high places in the Synagogue of Homeopathy. And he would scourge the money-changers out of the Temple!

#### THE FUTURE OF HOMEOPATHY.

Under this aluring title Dr. Walter Gray Crump disposes of a banquet toast at the Fourth Annual Dinner of the Medical Clubs of Manhattan, Brooklyn, and New Jersey, which was recently held at the Hotel Earlington.

Dr. Crump recognizes the fate which seems impending for homeopathic therapeutics, and in a few wittily expressed paragraphs shows why the materia medica of Hahnemann is not able to hold the present day post-graduate student, nor even the under-graduate from the modern homeopathic college. Being a banquet speech injected between the wine and the walnuts, we can forgive his little gibes at the high potency; though being himself a representative of the Dunham Club it would seem a trifle inappropriate to burlesque the practice of his patron saint. However, the Future of Homeopathy, as viewed from Dr. Crump's standpoint, is based upon a scientific proving, or reproving, of the materia medica of Hahnemann and his disciples. He paints with glowing colors the rise and the hopeful and successful continuance of the laboratory system of making provings which will stand the test of time and withstand the shafts of ridicule. But Dr. Crump makes two errors in his calculations for the Future of Homeopathy; he omits, first, the question of the patient, and, second, the rather minor question of life itself.

A materia medica which is nothing but a chemico-microscopical, anatomical jumble of learned terms will be as unstable as the sciences of chemistry and microscopy are themselves. For instance, chemistry and microscopy have given us the bacillus. Great mountains of lore have been built upon this infinitesimal atom. And even Dr. Crump may presently admit that the bacillus has had its day and will not much longer serve to affright the poor layman. The study of electricity, the X-ray, and other of the physics is daily changing the face of all science, so that a text-book one year old is of but little value to-day, except to show up the number of exploded theories. Medicine is not chemistry, in its strictest sense. Medicine deals with the make-up of the patient, his heredity and environments—in short, his life. If the provings of materia medica had been solely instituted for the bookmakers and system-builders, then there would be a large measure of truth in the scientific-proving requirements. But that is not true. Materia medica, like Medicine itself, is for the Patient, not for the doctor or the druggist.

Dr. Crump, in his mind's eye, sees the day dawning when the books of the law will be no longer disfigured with "a stitch in the side," or a "brick-dust sediment." He sees the pages of our materia medica blossoming with exact, correct, scholarly, anatomical and chemical terms, thus forever doing away with the ridicule from learned homeopaths of the immediate future, and of the then few remaining allopaths. So that when Patrick is asked about his pain he will say, instead of "a stitch in the side," "Docthor, Oi've a sharp pain in the sivinth inthercoshtal space, axillary line, with pleuritic friction, with sounds, and cripitant râles, and the loike, sor." And when Mrs. Gunzelschmidt sends her husband to the doctor to get something for the baby, he will not say that the baby has worms, or that the urine after standing a bit has a brick-dust "settlement," but, instead, he will give in proper chemical terms the exact amount of uric-acid crystals after standing six hours, the granular casts, the number of do-goods and whirlingigs to the square inch, stained and unstained, and so forth. And the future doctor of scientific-homeopathy will know at once that lycopodium is the proper antidote for that clearly stated condition.

No, Dr. Crump, you haven't properly outlined the Future of Homeopathy. Certainly not the homeopathic kind of homeopathy. Chemistry has its honorable place in the sciences. But neither chemistry nor microscopy are homeopathy. You are attempting the play of Hamlet with Hamlet left off the stage. That there are many foolishly expressed symptoms in our materia medica is known of all students. But that the correction of these few fool statements consists in introducing in lieu therefor a page or two of chemical, microscopical, anatomical, or other professional terms is infinitely worse, and no improvement upon the present system whatever. Your proposed remedy would require that none but medical and chemical experts should be the sick ones. These might be able to tell you the exact location of the former sharp pain in the side, and give you the exact number of uric-acid crystals and granular casts. But the dry-goods merchant, and the preacherman, and the shoemaker around the corner, when they get sick and are asked for symptoms, they will, as now and for all time to come, tell you that they have a pain in the side and that the water looks like thick molasses, or "very high" colored.

The Future of Homeopathy rests in a much

easier solution than this outlined by the toastresponding doctor. It consists in teaching the genius of each remedy to the student on the benches; and teaching it with such fire, and enthusiasm, with such energy and truthfulness, that some part of it will adhere to the inner lining of the calvarium. It consists in teaching these students that there is something greater in the practice of medicine than the indiscriminate butchery which seems to have so dominant a sway in the present time in most of our colleges. Homeopathy is not a branch of medicine, as gynecology is a branch of surgery. It is medicine itself. Its understanding cannot be acquired by one who knows all things else, by simply adding a knowledge of its therapeutics at a later day. Like Love, Homeopathy is not of man's life a thing apart, but 'tis his whole existence.

#### AS TO ANTITOXIN.

We followed in a family in this city where six members, adult and children, had had diphtheria. All save the youngest had gotten "well"; this excepted one died of "taking cold." Each of this six had been most generously and scientifically treated with antitoxin, and each, as stated and excepted, got "well." But every one of the survivors is now troubled with sequelæ. Some are unable to talk plainly; others cannot swallow drink; others have urinary incontinence; others are breaking out in eruption. But all are "well" —thanks to the prompt and early use of antitoxin. When we were called to the scene, the girl of twenty, a visitor in the family, told us that she wished to be treated homeopathically so far as medicines were concerned, but with the addition of the antitoxin. The homeopathic medication was truly and carefully given; but the antitoxin was postponed from visit to visit, to the great and increasing uneasiness of the patient and her family of antitoxined friends, until it became very apparent that the throat was clearing up and the patient getting well. This lady is now about the house and, barring a slight huskiness of voice, in her usual good health. Oh, yes! we know the answer to this very selfcomplacent statement. We always hear it. The doctor didn't know a real case of diphtheria from a passing follicular tonsilitis. The patient would have gotten well just the same, whether homeopathic medication had been given or withheld. There are many such cases. But the cases of the remainder of the family, which were pumped full of antitoxin the moment a bit of a white speck appeared upon either tonsil—these were in truth and verity all frightfully dangerous diphtheria cases and would have perished but for the prompt and successful administration of antitoxin, or if they had been subjected to the nonsensical practice of homeopathy.

## TWO CASES OF BRIGHT'S DISEASE AND THEIR TREATMENT.

By C. H. SANGSTER, M. D., Buffalo, N. Y.

If we can cure some, even, of our cases of Bright's disease, we are accomplishing much, and I think it is only due that we should make the results of our experience known. I have met several cases of this disease during the last year, which have been treated on the theory that an excess of uric acid in the system is the cause, and with success beyond my most sanguine expectations, and I note the two following cases as

typical of this mode of treatment:

How the medicine acts, if the uric-acid theory is correct, is easily explained, for this drug will sweep that toxine out of the system as nothing else will, but I believe its effective action upon the liver is also a factor to be accounted with. Saundby, in his lectures on Bright's disease, published in 1899, by E. B. Treat & Co., the New York publishers, says of lithæmic nephritis: "It occurs mostly in the habitual beer-drinkers and those who use alcoholics to excess; but may occur in those who inherit a gouty diathesis. It is rare under forty; becomes common after that period is passed, and after fifty is so common that nearly one-third of all persons dying above that age, show more or less signs of its action in the Striking cases have also been published by Meigs and Kidd.

Case I. Mrs. M., of Buffalo; age thirty-nine; married; called on me last year with the follow-

ing symptoms:

A constant loss of flesh; headache persistent and obstinate. The stomach was irritable, not taking good care of the food ingested; bowels constipated; tongue, furred; complexion, yellowish in color; and general debility. Insomnia was a persistent symptom, as it almost always is in this disease. She had also dimness of vision, ac-

companied by attacks of vertigo.

An examination of the urine revealed the following: Increased flow, much over normal, almost colorless, reaching ninety-four ounces in the twenty-four hours; specific gravity, 1.008—the density varied with the quantity, and particular samples passed during the day were much higher than the total quantity. Albumin slight in quantity; sugar, none; phosphates, diminished; reaction, decidedly acid; urea, diminished. Under the microscope it showed a few hyaline and gran-

ular casts—though they were not numerous, they were constantly present; uric-acid crystals numerous.

The pulse was full and hard and showed decided tension. The several cardiac sounds were sharp and loud. She had diarrheal attacks, during which she had marked dimness of vision and drowsiness during the daytime.

I diagnosed the case one of interstitial ne-

phritis of uric-acid origin.

I put her on a milk diet, and ordered regular hot baths, giving internally 1-20 grain of chloride of gold three times a day. A month of this treatment and no improvement was noticeable. A physician friend advised that I use thialion. I prescribed it in teaspoonful doses given in a cup of hot water, as hot as it could be drunk three times daily before meals (one hour), for three days, when the urine showed by the litmus test that it was nearly alkaline. The thialion was continued once a day one day and twice a day the next, so that the bowels would not be too free. The improvement began at once, and in two weeks it was very marked, when the urine was diminished to almost normal in quantity; specific gravity, 1.026, urea markedly increased, and subjective symptoms had nearly disappeared. At this writing there is no albumin, no casts, and she is feeling better than she has in three years.

Case II.—I. C., age fifty-four, mechanic, had to rise four or five times during the night, and this feature of his case decided him to call upon me for advice. Urine examination showed the specific gravity to be 1.010; very acid; albumin, a trace; no sugar; urea diminished; with hyaline and granular casts. He complained of post-cerebral neuralgia, dimness of vision, bloated feet, legs, and eyelids. Pulse was full and hard.

Diagnosis as in the preceding case, and the treatment consisted of thialion given as in Case I. In three weeks the urine showed a specific gravity of 1.022, increased urea, and the bloat and the other symptoms had vanished.

I have very much faith in this drug, and think it will prove a sheet anchor in the treatment of

nephritis.

—Have you ever noticed the different kinds of people collected together under one roof in the employ of the same firm or corporation? Take, for instance, a laundry. Begin with the washerwomen and note the muscular development, and also the nationality; follow this to the other departments, scanning the faces of the starchers, the ironers of fine work, the general manglers—(are these the responsible parties for the mangling of our best linen?)—the folders, the bundlers, and last of all the clerks who receive and give out the parcels. It is an interesting study.

## THE MEDICAL CIBRARY.

Les Lois de l'Energetique dans le Regime du Diabete Sucre.

One of the latest of the excellent series of clinical monographs in elucidation of various questions of the day, which are being published by Masson & Co. of Paris, is Dr. Dufourt's on "The Laws of the Conservation of Energy in

the Regimen of Saccharine Diabetes."

Amongst the many uncertainties and obscurities which surround the problem of diabetes he regards it as certainly proved that glycosuria is caused by an inability of the cells of the body to destroy sugar, and he assumes that they are compelled to consume albumen and fat in its place. Therefore, in the dietetic treatment of diabetes we have first to determine what is the precise amount of food, whether in the form of albumen, fat, or sugar, which the body requires. This he shows has been determined by Rübner as follows:

So that a diabetic performing only slight work and weighing one hundred and forty pounds requires daily the alimentary value of 2450 heat units (calories). The combustion value of the various alimentary principles has been established by the labors of Berthélot, Frankland, Rübner, and others, and the following are generally accepted:

One gram of albumen in being transformed into urea, water, and carbonic acid furnishes

4.1 heat units.

One gram of carbohydrates in being transformed into water and carbonic acid also furnishes 4.1 heat units.

One gram of fat affords 9.3 heat units.

Experience has shown that these substances are not absolutely interchangeable—that is to say, it is desirable to combine the three. Albumen is indispensable on account of the nitrogen which it alone can furnish, while experiments upon animals have shown that fat cannot altogether replace sugar. A diabetic must ingest sufficient albumen to supply the quantity of urea he is excreting, and, as is well known in this disease, the amount of urea is generally increased. According to Weintraud, a diabetic

requires from I to I.50 gram of albumen per kilogram of body weight—that is to say, a man weighing one hundred and forty pounds would require from 2 I-2 to 4 oz. of albumen daily, which would be seen as a few and the same represented by from I2 I-2 to

20 oz. of lean meat.

The author gives some useful tables of the chemical composition of the principal articles of vegetable diet and of fruits. According to these tables potatoes, carrots, and turnips contain much less carbohydrates than the various farinaceous substances, or beans and lentils, while of fruits, peaches, apricots, and prunes occupy the lowest rank. He refers to the method recommended by Kraus, Jr., of preparing fruit for diabetics by repeated boiling in different waters, which must be thrown away on each occasion. The fruit is then sweetened with saccharine and flavored with a little cinnamon, and affords an addition to the diabetic diet which is much appreciated. Dr. Dufourt agrees with most modern writers in finding the various bread substitutes more or less unsatisfactory, and considers that it is best to allow a very small quantity of ordinary bread or to do without it altogether. He recommends the use of definitely limited quantities of potato. He does not approve of any of the modern sweetening agents which have been introduced, but we think he is unnecessarily strict in objecting on the score of possible gastric disturbance to the use of saccharine. This substitute has been employed very largely in England during the last fifteen years by many persons besides those who are diabetic, but we do not know that it is abused or that any ill-effects are traced to it.

With respect to mineral salts, the usual quantity taken in food is so much in excess of what is needed by the body that there is not usually any reason to consider the subject specially, but we may remind our readers of some observations by Grube on the administration of powdered egg shell as a popular remedy in diabetes, and upon his own observations of the benefit to nutrition which followed the administration of powdered phosphate and carbonate of lime in imitation of this substance. Cabbage, spinach, lettuce, and mushrooms Dr. Dufourt recommends on account of the small quantity of sugar which they contain, and he sanctions the use of vegetable marrows, melons, and cucumbers, but some melons contain far too much sugar to be safely used. He also recommends endive, salsify, and ground artichokes.

He says the sugar of tomatoes has been found to be almost entirely composed of lævulose, which is generally assimilated by diabetics. He speaks of the value of vegetables as a means of giving a suitable quantity of fat, but unfortunately all cooks do not understand how to add butter or oil in cooking them. He recommends four ounces of butter daily with an ounce of olive oil in salad, or this may be varied by fat bacon, brains, and yolks of egg. He is not a strong advocate for the use of alcohol, and in any case he thinks it better to give wine rather than spirits, red wine being preferable to white —that is to say, he would give his patients about a bottle of ordinary claret daily. He allows tea and coffee, but has some prejudice against mineral waters. He prefers ordinary water, which

he quite properly says should be pure.

He condemns beer and cider, and is disposed to proscribe milk, but he allows that there has been a good deal of testimony in its favor, and he admits that it may suit some patients, and that it may be especially suitable to those with disease of the liver, heart, or kidneys, or with digestive troubles. He will not allow that strict diabetic diet ever caused coma, except by being so improperly calculated as not to supply a sufficient amount of nourishment. He recommends that the diet should be carefully arranged to suit each individual case, and that, where it is possible to do so, a certain amount of carbohydrates should be allowed. He thinks it advisable for such patients who are taking carbohydrates to submit from time to time to a course of strict diet for a fortnight, and he very properly insists all through upon the importance of the quantity of carbohydrates being strictly defined by weight.

#### Ueber Wesen und Ursache der Zuckerkrankheit.

Dr. Leo is well known as an able contributor to the important subject of the physiology and chemistry of nutrition; he has, therefore, acquired the right to be heard respectfully when he has anything to say about the pathogenesis of diabetes. In his essay on the "Nature and Cause of Diabetes Mellitus," after passing in review recent additions to our knowledge, he concludes that true diabetes depends upon the inability of the tissues to destroy sugar, and that this inability is not explained by any hitherto observed or imagined changes in the organs or the blood; he has, therefore, thought it necessary to invent another hypothesis which he has endeavored to support by the series of experiments detailed in this work. This theory supposes the presence of an unknown poison in

the blood, differing from any of those hitherto recognized such as acetone, diacetic acid, oxybutyric acid, etc., which inhibits the oxidation of sugar by the tissues.

He appeals to Bremer's well-known blood reaction as evidence that there is something present not yet explained, for he considers that this reaction cannot be properly attributed to diminished alkalescence of the blood. He attempted some years ago to prove his theory by injecting blood or blood serum derived from diabetic patients into the bodies of dogs, but the amount of material he was able to deal with was necessarily very limited, and he was unable to obtain any satisfactory results. His recent experiments have been made with diabetic urine, which he regards as in all probability containing whatever poison is to be found in the blood. He has experimented with such urine taken from ten cases of diabetes of varying severity. The urine was sometimes injected unchanged, sometimes merely neutralized, sometimes after fermentation and neutralization, and sometimes concentrated. In eight out of ten cases he obtained positive results—that is to say, the urine passed by the dogs after these injections contained sugar. Control experiments made with normal urine gave generally a negative result, but glycosuria was observed twice. The author has not hitherto been able to isolate the poisonous substance, but he points out that it is something which is soluble in alcohol and water, not precipitated by oxalic acid nor destroyed by the temperature of boiling water. The second part of his work deals with the question of infection. Dr. Leo endeavored to determine whether the growth of microorganisms gave rise to a poison which could produce glycosuria, and he found that in fluid in which ordinary beer yeast had grown such a poison exists which is neither alcohol nor succinic acid, and is not affected by neutralization. Attempts to isolate an organism in the

#### Some Questionable Views on Diet.

diabetes.

Dr. Emil Kleen, who is a Swedish physician practicing at Carlsbad, has had the courage and ability to write in English a book on "Diabetes

blood of diabetics failed, as did attempts to pro-

him look for ptomaines in diabetic urine, but

with negative results. So many poisons have

been shown to be capable of producing gly-

cosuria that hesitation is only right and proper

before we regard Leo's experiments as affording

any fresh point of departure for our study of

duce glycosuria in dogs by diabetic fæces. The analogy of glycosuria with cystinuria has made

Mellitus and Glycosuria." While it is true that diabetes is most common among the educated classes, it is not unknown among the less cultivated classes, and the negro is not on a lower level of general culture than the Maltese shopkeepers among whom the disease is so prevalent. We do not know what ground the author has for saying that high altitude tends to increase the frequency of diabetes. We know no facts except those adduced by Purdy in support of this, and against them is to be reckoned the very important consideration that Maine and Vermont, which have high altitudes, are also busy manufacturing States, full of cities with just the sort of population in which diabetes would be likely to occur. We cannot agree with Dr. Kleen that small hemorrhages into the brain are commonly observed in diabetes or that it is probable that the small cysts mentioned by certain authors are the residual products of such hemorrhages, as it is generally held that cysts which are the result of hemorrhages and the absorption of hemorrhagic effusion betray their origin by hematoidin staining. The cysts in question are absolutely and strikingly free from any traces of pigment. The tendency to hemorrhage upon which he lays stress is after all not such a very marked phenomenon in diabetes apart from gouty or other complications. As to the saliva of diabetics being often acid, if Dr. Kleen had made a practice of examining the saliva of adult persons, we think he would have found few whose saliva does not turn blue litmus paper slightly pink. Considering the indigestible articles of food upon which diabetic patients are so frequently fed it is surprising that so few suffer from symptoms of dyspepsia, but post-mortem it is the exception to find a diabetic stomach in a healthy state, this organ almost invariably showing some degree of dilatation with chronic catarrh of its mucosa. This does not agree with Dr. Kleen's view that gastro-intestinal derangements are rare in diabetes; but if we are to look to clinical symptoms alone he is right. There is no doubt that the failure to absorb fat becomes very pronounced in advanced diabetes.

#### The Prevention and Treatment of Obesity.

To laugh and grow fat is the aim of one-half of the world; the other half, haunted by the proverb that "Un bon coq n'est jamais gras," strives to become less fat. In an admirable book Dr. von Noorden shows us how by the regulation of diet and exercise we may preserve to our fellow-men the happy mean. Each species of animal has a fat the composition of which is

peculiar to itself. Each animal strives to maintain this normal composition and to burn rather than to store up the ingested fats which are foreign to it. The normal composition can be disturbed it is true, but only temporarily, by pressing a foreign fat into the diet. The feeding experiments of Chaniewski are quoted by the author as showing that 86.7 per cent. of the body fat deposited in young animals can be formed from the ingested carbohydrates. As to the theory of the formation of fat from proteid, von Noorden sums up in its favor. Everyone admits, he says, that glycogen is stored in the liver of an animal fed on a pure proteid diet, and everyone equally admits that fat can be formed

from such a carbohydrate as glycogen.

The average normal diet, according to the author, should have the following values: Thirty calories per kilo of bodyweight for a man resting in bed; 35 to 40 calories for light work; 45 to 50 calories for hard work. The diet must contain at least 1.3 to 1.5 gram of proteid (weighed dry) per kilo of bodyweight. The store of N-holding compounds in the body of an adult cannot be sensibly increased by merely altering the nature or increasing the amount of ingested food. There must also be an increase in functional exercise to promote the formation of flesh. Excess of food runs to fat. The thin man requires more food than the fat man, not only because in him the skin surface, and, therefore, the loss of heat, is greater in proportion to the mass, but because the cells of his body, untrammeled by the deposition of fat, expend more energy. In estimating corpulency, the question of race is of importance. The Mecklenburg merchant is naturally of stouter habit than a Celt or a Latin. The muscular man can without harm become fatter than a man of feeble physique. For instance, the more muscular the heart the more can it stand the impediment of being loaded with fat. The record cases of corpulency quoted by von Noorden almost surpass belief. A child of fifteen months weighed fifty-seven pounds, a girl of ten years two hundred and forty pounds, and a man (recorded by Wadd) 1080 pounds. He points out how slight an increase in food or decrease in exercise may, in the course of the year, lead to the deposition of a large quantity of fat. Supposing that per diem two hundred calories worth of food were taken in excess of the needs, and the whole were changed into fat, this, in the whole year would add eleven kilos, to the body weight. The two hundred calories would be contained in 1-3 of a liter of milk, or 25 grams of butter, or 100 grams of fat meat, or 4-10 of a liter of beer; 50 grams of alcohol contained in a bottle of wine or 2 1-2 pints of beer spares the combustion of 35 grams of fat or 85

grams of carbohydrate.

In discussing exercise von Noorden gives the following case: Suppose a man, weighing seventy kilos, lived in a flat of an elevation of fifteen meters, and went up to his dwelling four times daily. This would mean an expenditure of energy equaling 4200 kilogram-meters, and an expenditure of muscular energy equal to 1400 kilogram-meters, because only thirty per cent. of muscular energy is expended in the performance of work. If a man changed his flat to that on the ground floor and otherwise continued to eat and work exactly as before he might put on 1870 grams adipose tissue in a

year (1 cal. = 425 kilogram-meters).

For you Noorden the cure of corpulency depends on two factors: (1) reduction of diet; (2) increase of exercise. Reducing the amount of liquid taken, just as separating the times of eating and drinking, reduces fat by lessening appetite. A reduction of water equal to I liter may lessen the total calories taken per diem by 100. In the quick cure the calories are lowered to 3-5 or even 2-5 of the normal amount. This treatment includes severe exercise, such as mountain-climbing. A man uses ten times as much oxygen in climbing one mile as in walking the same distance on the flat. The severe treatment is dangerous for weak patients, owing to the risk of heart failure. It is suitable for muscular, active men. In ordering the diet it must be borne in mind how greatly different modes of cooking influence the number of calories obtained from a given quantity of meat. For example: Two hundred grams veal when grilled contains 18.2 albumin, 5.1 fat = 122 cal.; when fried contains 18.2 grams albumin, 14.2 fat = 206 cal.; as a ragout contains 18.2 grams albumin, 20.1 fat = 261 cal. Von Noorden considers that the thyroid treatment for the cure of corpulency is neither good nor necessary. It produces loss of nitrogen, often glycosuria, nervous or heart symptoms, and is untrustworthy.

The Universal Illusion of Free Will and Criminal Responsibility.

M. A. Hamon has written a book—a bewildering kind of book—on "Free Will." He tells us that a man must be in an independent position, or of a very independent character, to give free expression to the views which he serves out as scientific truths. Apart from matter, M. Hamon cannot conceive force. He says that force is that quality of matter which causes its combinations to be infinitely variable, that

the conservation of matter is a principle which results from the observation of all phenomena, and that the hypothesis of free will is in absolute contradiction to the law of the conservation of matter and contradicts also the great principle

of causality.

Dr. Johnson said, "We know that we possess free will, and there's an end of it." What is consciousness that it should stand in the way of M. Hamon's opinions? Consciousness may be wrong. All of us, he observes, are conscious that the sun goes from east to west, and this was long believed to be the case. Then we may be conscious of hallucinations. A man who sets out with an attack upon consciousness must stand the reply. If consciousness be deceptive. nothing is to be trusted. The truth is we are not conscious that the sun goes from east to west. All that we are conscious of is certain reflections and refractions of light in time and space from which we infer that the sun moves westward. But the data of consciousness are quite correct; it is the inference which was wrong. A belief that the sun moves is grounded upon the assumption that the earth stands still. When stopping at a railway station we sometimes think that our train is moving on looking at another train; but we correct our false inference by looking at some fixed bodies near. With the earth and the sun we have not this criterion. The case of hallucinations is more complex, but in general we easily succeed in distinguishing between subjective and objective modifications of consciousness.

For a speculator who decides dogmatically a question which has been the subject of debate to the acutest intellects, and which a great philosopher has declared to be beyond the powers of the human mind to solve, M. Hamon exhibits deplorably little analytical power. Having fortified himself by reading the books of many writers of the materialistic school, he rushes upon his conclusions without any mis-

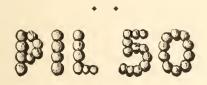
giving.

Apparently he finds no difficulty in conceiving that thought is the product of the "vibrations" of matter, and that the cells of the brain at once receive, read, and register in the memory the changes in the arrangement of their particles. No one should be praised for doing right or blamed for doing wrong, for everyone is fatally impelled to do what he has done. Thus the sane are quite as irresponsible as the insane, though M. Hamon is zealous against the latter being treated as criminals. Not only does he think that "the mad or partially mad" should be treated as irresponsible, but he tells us that epileptics are considered by alienists as always irresponsible—a striking instance of

ignorance of practical medicine, for there are not a few patients subject to epileptic fits who do not appear to be affected in mind, and who lead good and orderly lives. The author admits that retaliation against offenses is a necessity for society, but he would substitute the term "social reactivity" for responsibility or penalty.

There is still remaining in the wide field of the world the practical difficulty of keeping wrong-doing in check without showing any moral indignation against the base and bad. How can we bring up children, or educate and govern societies, letting them know at the same time it is foolish either to praise or blame them for their conduct?

M. Hamon thinks that he has refuted Fénélon's arguments on this point. Our opinion is different. In conclusion we may quote the observation of Brunetière: "Were you sure that man is not free you ought not to say so, since the social polity and the entire ethics rest on free will as their only foundation."



#### Women Surgeons To the Fore.

An interesting speech was made, says the London News, at the annual meeting of the new Hospital for Women, London—of which all the physicians, surgeons, and students are women by the eminent surgeon Sir Henry Smith. He stated that he had lately been present at a number of most serious operations performed by women surgeons, and had come to the conclusion that the small hands and delicate touch of women are particularly suitable for surgical work. The same tactile skill that makes a good needlewoman, he intimated, is of the highest use in modern "conservative" surgery; and he added that the results gained in that hospital would compare favorably with those recorded anywhere else.—Med. Times.

[And we are proud to say that America has a number of women surgeons who rank, or will in time rank, with the very ablest and best of the men surgeons. Wouldn't it be a bit of poetic justice, nay of downright retribution, if, in the near future, the women surgeons should find some terrible thing wrong with ninety-two per cent. of the males which required cutting and cutting deep. And wouldn't they put that little

scimitar of a knife cheerfully and reminiscently into the male flesh, determined to wipe out the long score of bloodiness perpetrated in the times gone by upon their sex?]

## Texas and the Quacks.

Texas will now be the great haven for quacks, as a judge in that State has determined that any person holding a diploma from a medical college that received its charter from the legislature of any State in the United States makes the charter valid and entitles the holder of a diploma from such a school to the right to practice medicine, regardless of whatever laws any State may make. It seems that the judge must have had his head pretty badly muddled, for, according to the distinguished gentleman's decision, any State has a right to make laws for another.

We had always believed that there was some such a thing as State rights, and, in fact, we know that there is, and it is dollars to doughnuts that when the case is appealed, as it will be, the decision of the lower court will go skyward in a hurry. The profession of the great State of Texas is made up of the very best material in this country, and we are sure that they will not rest under such a burden as this.—American Practitioner and News.

[The point of view of this editor is wrong. There are no longer any State's rights. No State of the United States has any right to make laws against any other State of the United States. And the inauguration of these many restrictive laws, arraying the professional people of one State against the professional people of all the other forty-four States, is unamerican and against the Constitution. But like the trusts, these barbwire exclusion laws will in time work their own downfall. That people is governed best which is governed the least. Our statute books are crowded with useless and dead-letter laws. The feeling of the people is distinctly against the annual meetings of our State legislatures—because of their eternal tinkering with the laws. If there were fewer laws, and those truly executed, such atrocities and outrages as the holocausting of that negro lad in Colorado would be practically impossible. If it is right, in the view of this Southern editor, for one State to legislate against another State in the matter of medical practitioners, then it is equally right for each county in that State to legislate against each other

county; and each such county could in all reason and justice demand an Examination and Registration Board. A skilled mechanic of San Francisco, if he tires of his surroundings, may migrate to Texas or New York, and offer his services to the highest bidder. And he is not considered a criminal, amenable to a money fine and a workhouse or penitentiary sentence, if, being an honorable man, well versed in his profession, he dares appear elsewhere than San Francisco with his professional wares. But a medical unfortunate residing in Frisco, finding the glorious climate of California not the most suitable to his needs of pocket or health, undertakes to remove himself, his penates and lares, to New York State, and instantly thereby renders himself liable to arrest and incarceration if he does not deposit with the State authorities a twenty-five dollar fee and stand ready to undergo an examination on ninety-eight per cent, of alleged medical learning which he forgot fifteen to twenty years ago. Aye, verily, this is a wonderfully free country, this of ours, for everybody except doctors.]

### The Overworked Tuberculin Test.

One of our "regular exchanges" says:

"There is no proof anywhere that the milk of tuberculosis cows ever produced tuberculosis in the human race, or that it is transmissible. If it were true, it would be impossible, considering the immense number of consumptives, animal and human, for any person to escape contagion, instead of which, as shown by statistics, consumption is decreasing. Again, milk is consumed for the greater part by infants and young children, but consumption or tuberculosis, though occurring, is not a disease of infancy or childhood. It goes without saying that the milk of diseased cattle suffering from tuberculosis or other diseases, is not a desirable food, but this tuberculin fad is getting overworked."

What a pity all this could not have been known sooner, so as to have saved from slaughter thousands of the best breed of cows that were condemned by the "tuberculin test." If this folly is still prevalent, public opinion ought to

suppress it.—Hom. Envoy.

[And so the ball of progress moves—back-wards! Only a few years ago everything revolved, for a time, about the germ-theory. The sun rose and set in the glory of this discovery. The sins of the world were to be quickly expunged

and no longer wearisomely expiated down to the scriptural third generation, by the prompt administration of the many germ-destroyers; so that man born of woman, having fallen heir to hair of a color not suited to the remainder of his person and apparel, could, by taking the proper culture, change its tint to any other that might pleasure his fancy. And how the sweet mushroom growth flourished and grew apace! Diphtheria was found unmistakably the product of the Klebs-Loefler bacillus; and so on and so on to the close of the nauseating and disappointing chapter of human and professional credulity. Now there are but few so mean to do it reverence. What other horse-play-serum will next adorn the playground of modern medicine?]

#### MEETING OF THE HAHNEMANN MEDICAL CLUB OF PHILADELPHIA.

(Paper on the Bubonic Plague discussed, October 9, 1900.)

Dr. John E. James, the president of the club, occupied the chair. In the discussion on the plague, Dr. B. F. Betts thought that chin. ars. would prove one of the best remedies.

Dr. T. S. Dunning advocated the use of the animal poison remedies and spoke of the tarantula that the late Dr. J. G. Houard used to recommend in all these violent malignant epidemic diseases.

Dr. Aug. Korndoerfer referred to baptisia tinct. as having a good picture of the usual plague symptoms. He also would think of and use the permanganate of potash, 2 grains to 6 oz. of water, and give a dessert-spoonful every hour in this very malignant disease, for its beneficial action upon the blood.

Dr. C. Sigmund Raue thought we should not fix any remedy because an attack was ascertained to be the bubouic plague, but should take a case and give the remedy that corresponded with the symptoms present in each case. He would like to see his patient and treat his symptoms, and

not the plague as such.

Drs. Carl V. Vischer and H. L. Northrop both agreed that it would not be justifiable to operate on a case with plague symptoms, or on one that had been exposed so as to be likely to develop the plague.

Dr. John E. James concurred in this surgical opinion, as to operations occurring while the

plague was prevalent and epidemic.

Dr. Oliver S. Haines considered the subject of pregnant women, the fetus and newborn in-

fants, and felt that in all cases, the blood being involved with a septic condition, that naturally the germs of the disease would affect the child in utero. He felt that parturition in a case having the plague would most generally put on a fatal form. He had not studied the treatment to any extent, thus far.

Dr. C. S. Middleton stated that he had read up all the recent literature on this subject and that, in addition to the remedies mentioned, he considered carbolic acid an invaluable remedial agent, but he believed that it was better, when the disease was prevalent, for the entire profession to insist strenuously upon prompt and thorough antiseptic measures with each case that had been exposed to the disease.

Dr. Bushrod W. James agreed with these views. He thought it was better to keep the blood tissues and system in such a sanitary condition that no plague germs could find soil on which to grow; that a prophylactic treatment was infinitely better than any other method of meeting the disease. He hardly saw how the disease could assume an epidemic form if the people likely to be affected would keep themselves aseptic by proper disinfectants.

Dr. Pemberton Dudley was very emphatic in his antiseptic treatment, not only of persons exposed, but all the way through an attack of the disease.

Dr. E. R. Snader, in giving the diagnostic differences between the plague and analogous diseases, believed that we should keep ourselves posted on all phases and indications of analogous cases to the plague, in order that we might not be mistaken in the diagnosis.

Drs. Keim, E. M. Gramm, Powell, and Pratt, who were present as guests, debated the subject with a great deal of interest, and the entire subject of the plague was thoroughly considered.

# Globules.

- —Dr. A. P. Hanchett of Council Bluffs has opened an office in Omaha for surgical and gynecological work exclusively.
- —On January 2 Drs. C. N. Cooper and C. Zurmuhlen had the papers of the evening at the Cincinnati Homeopathic Lyceum. The subjects, respectively, were "Cases from Practice," and "Some Clinics Treated with the Potencies."
- —We have reliable information that a prominent, high-flying, homeopathic monthly at three dollars per year is giving its numbers to some subscribers for one dollar per annum. Shouldn't do so, editors and publishers of the high-class homeopathic monthlies!

- —The two London homeopathic monthlies are like to have a good deal of ink spilt before the questions at issue will be calmed: Two of England's best homeopathic writers, Dr. Richard Hughes and Dr. John H. Clarke, are tilting at each other over the much-vexed clinical symptom.
- —The Antikamnia Chemical Co. had a dainty little corner in the great Paris Exposition where its goods were handsomely and happily displayed. We have received a photo of this cozy little nook, and in one corner of it we find the smiling countenance of that arch-hustler and business-compeller, the president and treasurer Frank A. Ruf. At the risk of being read out of the high-potency church we again declare that Antikannia is one of the finest of its kind of products, which is evidenced by its constant increase in public favor and demand, notwithstanding the host of clever imitations flooding the market. We heard of it in Ireland, and latterly have seen correspondence showing its invasion of the Transvaal.
- —We note with grief the death of the estimable wife of Dr. I. Tisdale Talbot, himself but lately deceased. Mrs. Talbot was a noble woman, an efficient helper to the stricken doctor in his closing days, as well as when they were younger and, perhaps, more in need of each other's sympathy and help. For, after all, a man, as Luther has wisely said, is very much what his wife makes him. We had the pleasure of a personal acquaintance with Mrs. Talbot and have had many agreeable and interesting chats with her. It seems fitting, though sad, that the two lovers should follow each other so soon to the boundless and voiceless Eternity.
- —In this same connection we are moved to chronicle the death of the wife of the late Reuben Ludlam. The Clinique speaks of this quite briefly; that Mrs. Ludlam never fully recovered from the pathetic and sudden death of her distinguished husband; and, though she sought the milder and more uniform atmosphere and climate of the Southern States, she but postponed the inevitable, which occurred recently in the Hahnemann Hospital at Chicago. Mrs. Ludlam was never known to the profession as was Mrs. Talbot; but as the spouse of Dr. Ludlam she is entitled to the reverence of a profession which will not soon forget the eminent services rendered by her husband.
- —A man and his wife, according to the Medical Record, obtained a judgment of ten thousand dollars against the Pennsylvania Railroad for injuries received while on a train. A jolt, occasioned by attaching a new car to the train, threw the woman down, and her physician testified that the accident was the cause of a movable kid-

ney from which she suffered. The court awarded her eight thousand dollars and the husband two thousand dollars for "loss of her companionship."

[This seems an exorbitant price to pay for a movable kidney, or for the loss of companion-ship.]

- —The Nickel Plate railway will not come far short, if at all, in getting some of the additional traffic which the Pan-American Exposition will bring to Buffalo. The Nickel Plate is a very popular line; its officers from highest to lowest are courteous and obliging; and its train service but rarely excelled.
- —Dr. O. A. Palmer of Cleveland is giving, by request, a series of Thursday morning lectures on the Tissue Remedies before the classes of the Cleveland Homeopathic Medical College. Dr. Palmer makes principal use of the Tissue Remedies in his professional work, and is, therefore, eminently qualified to teach the students of this college.
- —The Bertha Runkle story, "The Helmet of Navarre," in the Century Magazine, is progressing as rapidly as a constant succession of bloody adventures can let it move along. That must have been a bloody period in French history so clearly depicted in this story, when every chapter of a story must have its morbid dishing-up of fight and blood. A queer fancy for a woman to work out, this to be sure. When a bit of love passage finds its way into the bloody record, it is of the skimpiest kind and wholly unlike what a woman would ordinarily write. But, then, the whole story is a peculiar one.
- —A fine periodical is St. Nicholas. Its Christmas number had a colored cover page which bodies forth the hauling in of the yule log. Its stories are excellent. Here again we find Bertha Runkle with a mediæval story of a bicycle introduced into an armorer's shop, while around its successful riding is built a story of witchcraft. It reminds one very much of Mark Twain's earlier story of "A Yankee at the Court of King" Somebody—we have forgotten which king it was. Bertha handles a very masculine "fist," and her "fine Italian hand" is noticeable for its sharp and unmistakable lines in description. Occasionally a word of very modern usage—almost a slang phrase—finds its way into the mediæval style of composition. We would like to suggest that the cover page be made of some stouter material. The magazine is in hand so continuously that it is soon fraved and worn; and now since the colored cover is become a delightful and desirable fixture, the lovers of St. Nicholas would like to preserve it as well as the body of the magazine.

- —M. Laboulay of Lyons has practiced on women suffering with cancer or other malignant tumors that could not be operated on, by giving daily hypodermic injections containing .50 to 1 gram of bichloride of quinine, and with reported satisfactory results.
- —Ice placed to the base of the brain is credited with promptly relieving nausea—sometimes of the most inveterate type. The ice is to be broken and the bits placed beween the folds of a towel. In the absence of ice, relief may sometimes be had by letting the cold water from a hydrant faucet run over the back of the neck—worth remembering as a relief for sick headache.
- —The Indian Lancet recommends the use of quinine pessaries in the cure of leucorrhœa. W. Hardwicke, M. D., M. R. C. P., says quinine applied topically to the mucous surfaces of the cervix uteri and vagina has produced most wonderful results. He prescribes 3 grains of the hydrobromate in a half-dram pessary in combination with oleum theobromatis. One insertion per day is generally sufficient.
- —It does seem peculiar—almost fatalistic that no sooner does a school or society become in any appreciable degree successful and influential when some one or two or more individuals must hurl the firebrand and set things aglow and awry. We still think, as we wrote several years ago, that there should be some court of last resort, either in or out of the American Institute, where professional or college or society quarrels could be, nay should be, presented and decided. What surety has a medical man, when he sends his son or student to a medical school that he is not putting him in the midst of a bitter political wrangle, where he must needs take sides; and his medical learning be judged by the side he docs so take? There is something radically wrong in that college system which regards itself as the sole arbitter of what is right and wrong in its professors and students; which passes upon its own excellences and elects itself year after year; that listens to no remonstrance, heeds no admonitions; but continues on in its old timebeaten, ante-bellum ways. Have all other industrials improved and gathered wisdom except the medical schools? Are these alone of the hasbeens? Must they be forever at the tail of the Procession of Progress? If homeopathy lasts so long, will our grandchildren still come under the thralldom and over-heavy thumb of one or two rule-or-ruin professors?

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# The American Homeopathist.

FEBRUARY 1, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



J. P. SUTHERLAND, M. D., Boston, Mass.

N its most recent issue the Homeopathic Recorder prints a letter from Dr. Timothy Field Allen which ought to be reprinted in full in all of our homeopathic exchanges. But it will not be; simply because Dr. Allen is championing a Lost Cause. It will take something far more convincing than this letter to halt the modern medical profession in its mad career toward surgical insanity. The

two cases to which he refers as cured by remedies after the surgeons had practically given them up are but little straws floating on the current of things to point the way of the river. Surgery, surgery, surgery! The student has but crossed the threshold of the college before he imbibes the blood-thirst; and, forsaking all other things, attends the bloody chairs. It is a reversion to the original type, that type which is but latent in the race. We still build most of our monuments to generals and to those who overcame with brute force. Will the modern medical blood trend ever cease? Not while the medical school fills twenty surgical chairs and but three or four of purely medical—if there be anything pure left with the taint of blood over all. See the hospitals. In the not very distant past a hospital was a blessed sanctuary for people to get well in under the gentle ministrations of trained but gentle hands. Now there is not an hour of the twenty-four in these hotels Dieu [!] in which some poor maimed one is not filling the halls and rending the air with its cry of pain and agony. The trail of blood is over it all. The modern student when he leaves his alma-mater looks about him at once for a Frankenstein horror a complicated operating chair and a basket full of instruments. His medicine case likely enough filled with combination tablets prepared and labeled by the nearest, to him, homeopathic (?) pharmaceutical company. Surgery is his first thought. Medicine his second. It requires dash and courage and gold spectacles and technique to be a surgeon. Any old woman can prescribe nux or podo or veratrum.

CO it would seem that we are not alone in O our belief that Blucher or night must come speedily to modern Homeopathy or else there will be no longer any Homeopathy. Timothy Field Allen stands out boldly against the horizon of modern medicine, and calls a halt. And who could know this better than this eminent teacher, practitioner, and author? He sees the ground slipping from under the homeopath's feet. He it was who pointed to the handwriting on the wall at the Jubilee Feast in Brooklyn. Not much has been said concerning that episode. It was thought wise to forget it. But it happened and what is more it pointed a painful and palpable truth. What will the profession do about it? Will we surrender our birthright to the overwhelming and submerging power of surgery? Is Homeopathy played out?

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THE Homeopathic Physician, a former most excellent homeopathic journal, has suspended publication. This we regret most sincerely. Dr. Walter James was a conscientious homeopath and editor. What bodes this breaking down of several of our former best homeopathic journals? Is Homeopathy played out? Is the profession bound up in the 'icy embrace of scientific medicine? The one of us is constantly bemoaning the decadence of homeopathic colleges; the other has gone into spiritualism and physiognomy; and sundry others have gone to the demnition bow-wows. Where lies the fault for this lukewarmness, nay, this apathy, in a matter so essential to the future well-being of the race as the Law of Homeopathy? Are the outand-out scoundrels not all in the other schools, but in reality secreted in our own preserves? Rout them out of the Temple heels over appetite!

\*\* X-

AND now cometh the North American Jupiter of Homeopathy, and having exalted its horn sayeth for itself, in vaunting spirit, in words and figures as follows to wit: "Its paid circulation is to-day greater than that of any other journal in the school."

Well, well, do tell! And the other journals not yet counted! Poor old Najoh—to what base level may we not descend when once we adopt the iridescent language of the Pharmacy journals!

 $\Lambda$  ND now we hear from our Eclectic brethren  $\Pi$  that the Porter definition of a homeopathic physician is in fact a true definition of an Eclectic physician. There, now; what we done tole you? We are ready to believe that no one is more tired and heartsick of this continual harping on a line or two in his presidential address before the New York Homeopathic Medical Society, some years ago, than is Dr. Porter himself. But he will have to stand it. The definition, like John Brown's body-guard, goes marching on, and keeps gathering unto itself new and varied meanings. It reminds us of a story told in "Sunset" Cox's book on "Why We Laugh," mainly because it is so different. A young author came to him with a story for criticism. "Well," said Mr. "Sunset," "the story is good enough so far as the writing goes, but it doesn't seem to have any point." "Why, great grief," said the author, "isn't that just the point? I don't want to make a point, for if I do the critics will catch me up on it." The moral would seem to be not to write anything that can by any conceivable contrivance be converted into a point, for if such point be visible the "gob-belins," will sure catch itand belabor and be-devil as well as be-slobber its author. As the late Jim Fisk telegraphed to a friend: "Don't write. Come." A definition which defines seems to be a dangerous missile.

WONDER who told Fisher, on his recent swing around the circle, that the New York Homeopathic Medical College had but twenty-five Freshmen this semester; also, that the two homeopathic journals of that city—which are they?—are practically dead as to homeopathic influence and prestige with the general homeopathic profession. A good deal of news compressed within a few lines, exeditor Fisher? Are you sure of your data?

# Materia Medica Miscellang.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

#### Mercurius: Diphtheria.

Dr. Tooker 16 believes that mercurius vivus and mercurius corrosivus are best adapted to those incipient, incomplete, or doubtful cases of diphtheria in which the prostration is not great, the exudate small, and all the symptoms indicating a mild form of disease. The iodides of mercury are most applicable to those forms of diphtheria in which the lymphatic glands are early involved while other symptoms are of mild type. With the development of severe sore throat, a large amount of exudate, and marked general symptoms, I would look to cyanide of mercury as offering the surest, quickest, and best means of cure. In fact, this drug will give better results than any yet seen from antitoxin, or any other form of serum-therapy.

#### Crataegus in Mitral Regurgitation.

Case reported by H. V. Halbert 16:

The patient was a lady forty-five years old; cardiac disturbances were inherited, inasmuch as her father and mother had died with the malady. She had been a regular patient of mine and I had struggled for years with her disease, never having been able to do more than palliate. Then she drifted from one doctor to another and had exhausted every effort and most of her means for relief which did not come. Strychnia, strophanthus, and digitalis had been mostly used by other physicians.

The patient came to me again about two years ago. The heart had now become greatly enlarged, compensation had failed, and all the extreme characteristic symptoms were present. I sent her home and told her to go to bed and get a nurse. I then began a systematic course of treatment; cratægus tincture was prescribed and continued for a long time. Gradually improvement was apparent. After a while she was able to be about and was sent to a warmer climate for the winter. She returned last spring apparently well, though the heart was not as it should be. She now became extremely careless, as she believed herself well; she overworked, and was accustomed to go up and down stairs without caution. A severe fright brought on a relapse, and after a long course of illness she died.

While, in this case, there was no cure, there certainly was an evident improvement under the use of cratægus. Had she been more consider-

ate of herself, and had other conditions been more favorable, I certainly would have expected better results.

In commenting upon this and other cases I

would make the following statements:

The particular indication for the use of this remedy is found in the symptoms defining the failure of compensation. In physiological doses given to the healthy it will create these symptoms accurately.

The reported failures in its use by other physicians do not, to my knowledge, represent the consensus of opinion gained by those who have

given it a long and studious trial.

In order to obtain good results it must be used for some time. It is best employed in tincture forms, and does not interfere with other remedies.

#### Diphtheria Antitoxin: Is it Doomed?

Closing an editorial on this subject <sup>17</sup> 'the writer says: "Thoughtful criticism is on the increase. This is plainly to be seen in the proceedings of a meeting of the Medical Association of New York. John Blake White read a paper on diphtheria in which he voices strongly his own opposition against the use of antitoxin, and tells that the treatment is being discredited in Paris, that the learned bodies in Moscow have denounced its fallacy, and that the weekly mortality in Paris from diphtheria shows a steady increase over previous years, notwithstanding the fact that anti-toxin is there generally used. The discussion was taken part in by such men as Chapin, Brannan, Winters, Berg, Herman, Weir, and Rose. There were some enthusiastic defenders of antitoxin, but the majority were skeptical, if not positively antagonistic. It was brought out that such authorities as Epstein of Göttingen and Monti of Vienna have come to the conclusion that antitoxin is of no value. The claim that a diagnosis of diphtheria must rest entirely on the presence of the Klebs-Loeffler bacillus was called fallacious and the justification of a diagnosis from the clinical picture alone admitted. That is precisely the position Virchow took five years ago, when treatment by antitoxin was first brought before the Medical Society of Berlin, and agrees also with the conclusions arrived at by Kanthack, professor of pathology in Cambridge University, and other observers

"Should the scientific world ultimately reject the diphtheria antitoxin, then serum therapy in general would be much discredited, especially since another serum, the tetanus antitoxin, of which much was hoped, has been found wanting."

#### ARSENIOUS ACID AND YELLOW FEVER.

By Dr. ISMAEL DA ROCHA,

Director do Laboratorio Militar de Bacteriologia, Rio de Janeiro, Brazil. (Approximate translation from the Brazil-Medico, May 15, 1899, by Mrs. Helen M. Sherry, St. Paul, Minn.)

In 1889 the distinguished clinician of Rio de Janeiro, Dr. J. P. do Rego Cezar, Member of the Imperial Academy of Medicine, presented to that learned association the following note:

"Since 1876 I have experimented, in the limited circle of my clientèle, with arsenious acid as a prophylactic against yellow fever, advising and prescribing it to persons newly arrived at this capital (Rio de Janeiro) during an epidemie of

vellow fever.

"Having observed that the persons thus treated were not attacked with yellow fever, and for the purpose of further extending my field of observation, I communicated this proceeding of mine to some of my more intimate colleagues, of whom I have since received the uniform statement of favorable results. One of these narrated to me the following case, worthy of note:

"A strange lady, arriving here in the time of the epidemie, having been subjected since her arrival to arsenious acid, was attacked three days afterward by a fever presenting symptoms of yellow fever. By the use of the remedy the symptoms disappeared entirely within the space of thirty hours, application of sudorifics having

also been employed.

"The preventive treatment consists, during the first week, of one-half milligram of arsenious acid in the morning, another at noon, and another at night; in the second week a dose in the morning and another at night; subsequently, as long as the epidemic lasts, one dose a day. This for persons recently arrived or for those not acclimated; but for those who have been residents for more than two years one dose, of one-half milligram, daily, is sufficient.

"I use the formula of Boudin's powder, one gram divided into twenty parts; or the arsenieal solution of the same author (1 to 1000), 10 grams in 30 grams of filtered water, to be taken in tablespoonfuls, each spoonful representing approximately the dose of one-half milligram of the remedy. In treating children I prefer the arsenical solution, as it is more readily divided into the teaspoonful doses used in these little per-

sons.

"Someone, appreciating the results of this prophylaxis, reported it in the Commercial Journal and in the Diario de Noticias of March 20 and April 3, 1886, therein calling it to the attention of the medical men.

"Now, at this time, when all sanitary preeau-

tions, means, and expedients employed have not been able to annihilate nor diminish the seourge that periodically persecutes us, not being able to modify the medium in which we live, it seems reasonable to try to modify or control the individual medium. It is in this humanitarian spirit that the professional men have been laboring with attenuated cultures as prophylactic 'vaccines.'

"It is known that arsenious acid destroys inferior organisms, and, while awaiting results of experiments, I admit to a great temptation to publish an article on the physiologic and therapeutic action of arsenic; in this way to relate how many not acclimated, and who took this remedy for other maladies, escaped the epidemic which carried off other members of their family.

"It is not only against yellow fever, but also against all infecto-contagious diseases, that I believe this prophylactic treatment ought to be employed. Thus, I hold it ultimately as a prescrip-

tion against scarlet fever and variola.

"Therefore, as I have observed, I consider arsenious acid an infallible preventive up to a certain point; and, where it is not possible to prevent, that it makes the infirmity milder, so that it is reduced to a slight indisposition of health.

"It being impossible (considering the life of a medical elinician who lives solely from his daily practice—yet not despairing) of finding the time and place for laboratory researches and experiments, I confided this undertaking to one of recognized skill in labors of this kind, Mr. Padua e Castro, author of a recent and interesting work on the black vomit and its reputed ferments, and while awaiting the final results of his experiments it gives me great pleasure to say that this gentleman has already declared to me that the experiments are very satisfactory, and tend to demonstrate the prophylactic powers of arsenious acid.

"In the present case of the epidemie I felt constrained to make this communication, and finally submit to the judgment and scientific probity of the members of the Imperial Academy of Medicine, amongst whom I am the least, this method of preventive treatment, of which I consider myself

the initiator.

"Mr. Padua e Castro (Ex-1°-ensaiador da Casa de Moeda), who for some time has assiduously applied himself to laboratory work, published (February 6, 1889) the following note: 'Scientific reasons, confirmed by experiments of the laboratory, lead me to advise the use of arsenious acid for the purpose indicated by the distinguished clinician, Dr. J. P. do Rego Cezar.

"Not being able for the present, however, to tell the results of my investigations, I desire to present the reason which induced me to begin this work, and which I believe ought to satisfy equally the enlightened intelligence of the medical

classes.

"All those who have applied themselves to the study of yellow fever are unanimous in admitting the existence of a chemical product in the blood of those suffering from this malady. Dr. Gibier admits a substance elaborated by the bacilli, and which, absorbed, produces the general phenomena of yellow fever, which ought to be treated in such a manner as to promote the elim-

ination of that toxic element.

"Dr. Sternberg declared that the facts as observed authorized the belief that the pathogenic microbe produces a toxic matter, and that the attack of yellow fever is caused by the toxic effect of this chemical poison. If all observers are unanimous upon the formation and accumulation in the blood of toxic principles—arsenious acid being a substance difficult of elimination, it follows that, applied with the discretion advised by Dr. Rego Cezar, those toxic elements encounter as they are formed an element already in the econonly which destroys or neutralizes them; being scarcely able to produce passing disorders, if they manifest themselves at all."

That communication from Dr. Rego Cezar to the Academy, unfortunately delayed in the printing, merits the support of colleagues like Drs. Rego Lopes and Garcez Balha e Goes de Siqueira, who pronounced themselves favorable to the practice adopted by him (Dr. Cezar).

Professor Souza Lima, M. D., Director de Hygiene, in 1894, referring in the Jornal do Commercio to the means tending to the lessening of the epidemic, said, in relation to arsenic, that it was a recourse that might be tried; awaiting, meanwhile, subsequent observations confirm-

ing its efficacy.

Mr. Orlando Rangel, pharmaceutist, declared through the press, February, 1894, that during the epidemic of 1888-89 he, being Vice-Director do Collegio Universitario Fluminense, gave, on the advice of Dr. Rego Cezar, the preventive arsenical to upwards of two hundred students, many not acclimated, who were passing their vacation at the homes of the correspondents in the streets of the commercial center (Prainha, Benedictinos, Municipal, etc.), and in the meantime he had not had a single case of death or of the disease in the

Recognizing these facts, which I cannot but credit, and having read the works of Mr. C. F. Bryan, to which La Cronica Medica do Peru (Lima, 1893) refers, in relation to the value of arsenic as an excellent prophylactic against the majority of infectious diseases—indeed, having used it myself with efficacy during ten years, with individuals exposed to the contagion of scarlet fever, of diphtheria and influenza, and knowing that the German Commission Messrs. Von den Stein, in an expedition occupying a long time in Xingu, safely crossed by

means of arsenic those inhospitable regions without losing a single man, where former commissions had left innumerable companions buried; and considering, likewise, the affirmations of Dr. Rego Cezar, and remembering the observations made in families coming from "the States" or emigrating from Europe, and others of European extraction—German, French, etc.—preserved from yellow fever by the use of arsenious acid, and watching, finally, the well-known prophylactic action of the remedy—I resolved to make an experiment on a large scale on the personnel of a candle factory, "Luz Steriac" (in the district of S. Christopher), whose directors benevolently fell in with my views, charging their acting manager, the talented French chemist, Dr. Emilio Grandmasson, to personally make every day (in order to initiate himself in the work of the factory) the distribution of arsenious acid in progressive doses of one, two, three, and up to four milligrams a day, in solution, to each newly arriving workman as soon as he appears at the shop, to the number of more than two hundred men, without taking any great hygienic precautions the majority being Portuguese, Spanish, and Italians; having, in general, resided but a short time in Rio de Janeiro.

It is now six years that, with a perseverance worthy of note, Dr. Grandmasson has been repeating the same experiment during the summer, and the results are so interesting that they induced me to commit them to publication.

#### INDICATED REMEDIES.\*

By T. C. Buskirk, M. D., White Pigeon, Mich.

I am a firm believer in the indicated remedy judiciously selected, prescribed with confidence, then firmness enough to wait until it has had time to show what it can do.

In my practice with office patients I usually give medicine enough to last one week. By that time I think I can tell whether I am right or not. If improvement has taken place the prescription is continued.

Case I.—About one and one-half year ago a child three years old was brought to my office with some sort of facial eczema of two years' standing. He had been cared for by seven or eight so-called masters of the healing art, with more or less benefit to his cheek, always getting worse about the time he was pronounced well.

I sized my patient up as scrofulous, partly from his own appearance, but more from his mother's look, build, and history, and pre-

<sup>\*</sup> Written for the N. I. and S. M. Hom. Med. Soc.

scribed according to the best of my ability. I found that he would be better, then worse. When kept in the house his face would appear to be getting well, but as soon as exposed to wind or sunshine of spring weather his skin would crack and bleed. The other doctors had used so many outward applications without benefit that for a time I had no trouble from that source. At last they remarked that perhaps I could give them something to use externally. I could not see my way clear to object longer. I gave them 2 ounces of bay rum and glycerin, equal parts, to apply twice a day. The next week his face was as well and smooth as any child I ever saw, and has remained so ever since—now over a year.

Now, this lad was well in every way except that he possessed a very tender cheek, which chapped easily from exposure to wind or sun. Bay rum and glycerine toughened and cured it.

Case II.—Mrs. S., German, a widow eighty years old, had the grip in March, 1894, followed by bronchitis in severe form, which traveled through the usual stages to recovery. At the beginning of the second week complaint was made by the attendants that the urine escaped every time she coughed and was making her very sore.

Symptoms called for causticum, I thought; then cantharis, merc. corr., etc., in disregard of which treatment she continued to get worse. Finally, complaints becoming so pronounced, I asked permission to inspect the parts so afflicted, which was granted. Such a sight it had never been my privilege to behold—I mean the condition of the parts involved. I first thought of carcinoma of the vulva, the excoriation and swelling were so great, every drop of urine passing over it being like so much acid or fire.

I applied dry powdered boracic acid, and the case improved from that minute and was entirely well in a week. Could any remedy administered

internally have done any better?

This eighty-year-old lady told me after getting well that for thirty years she had been a constant sufferer, not always so bad as when I saw her, but that for many years she could not stand or walk erect, being forced to incline the body almost to stooping, to prevent the clothing rubbing or even touching the vulva; that every effort at micturition had been accompanied by indescribable pain and torment, until she had often prayed that she might be allowed to die and get away from this misery; but now all had changed: she could stand and walk like other folks, and urinate as easily as in childhood.

#### A PRELIMINARY-EXAMINATION FAILURE.

We learn from a young man, matriculant and student-in-expectation of a resident old-school medical school, that in trying to pass the rigid preliminary examination now required by the State of Ohio he had "fallen down" on several branches, notably Latin and algebra, and had been declared incompetent. As a result, he had demanded the return of his matriculation fee, and had abandoned the study and possible practice of medicine. In and for itself this is a most desirable result. For does it not prove that this young man could be in no sense fitted for the arduous profession of a physician? Surely, a man unable to stand seventy-five per cent. in Latin, and a corresponding percentage in algebra, could never, under any conceivable combination of circumstances, become a properly equipped physician. This is so transparently axiomatic

that its asking seems time-waste.

Still, we happen to know this young man and his family. We know that he comes of good stock; that his honorable family contains and has contained in the immediate past professional men high in the regard of their confrères and vicinities; he is himself without a flaw so far as gentlehood, breeding, and polish are concerned, and without a blemish or a blur on his escutcheon; he is a well-educated young man, as the world not the pedagogues-construes education; and, until his application for permission to learn the profession of medicine, a business man earning a good salary. Unhappily for his medical pretensions he had not been to a grammar school for six or eight years; so he had happily forgotten the mysteries and mummeries of abracadabra; and, hence, was adjudged incompetent to pass the examination—an examination which, as conducted in his case, proved nothing save the impossibility of retaining all the theoretical rubbish which theoretical instructors pour into a young brain. He at once resumed his place in the business where he was formerly employed one requiring rare executive ability, knowledge of men and environments, prudence, sagacity, and honesty. And his employers were glad of his

Now, this was the young man the State of Ohio needed. He could not, it is true, clearly tread the algebraic labyrinth, and perhaps failed also in the barbarous Latin pronunciation to-day foisted upon the high-school pupil; but he has in him every possibility of a thoroughly well-trained business man and successful physician. He would have been not merely a plodding bookworm with head filled with "progressive" theories; but, on the contrary, a practical man, whom the sick would have received gladly. Doubtlessly

<sup>—</sup>Dr. Hare says that closed inhalers are cumbersome, unclean, unscientific, and dangerous. The best inhaler is the simplest one, made with a towel or an "Allis" for ether, and a folded towel for chloroform.

this is that exception which proves the excellency of the rule. And others—those but latterly released from the high school here and elsewhere; or those others coming up from the country, who had the good fortune to sit behind the teacher's desk—these are able to pass the weighty examination, and become duly and truly knighted as and for medical students. Yet, in our estimation, judging of the man-qualities of the defeated applicant, we would cheerfully and confidently pit him, as a practical, progressive, successful, honorable man and possible physician against a whole bench full of letter-perfect ex-high-school pupils and teachers.

We have no special complaint of the law which makes possible such violent decisions. There is, perhaps, no other or better way of getting at the medical-matriculation problem than through this very fine sieve. But a law should be construed with common sense. Our fifteen-year-old son could easily have scored the seventy-five per cent. on the Latin and algebra, but would not, in any other sense, have been a desirable candidate for medical matriculation. It is painfully apparent that unless the proverbial wagon-gap is found in this law, there will be no students for the Ohio medical schools in the course of two or three years, or at the conclusion of the baking of the present batch. Is this what the framers of this law had in contemplation? Then let them glory in the success of their work. With trades-unions rigorously controlling and restricting apprenticeships, and un-American class legislation forbidding professional matriculation, what shall we do with our sons and daughters? Very soon the medical colleges, which are not endowed, and who still depend in major part, if not in whole, upon the fees of applicant students for a continued existence, will be obliged to close their doors; and preceptors of Ohio will send their students to other States, where the iron-bound pedagogical construction of a fairly sensible law does not interfere with ordinary common liberty and common sense.

Again we say that we do not fight the law; we do declare, however, that unless something is done in easement of the rigorous application made by the Cleveland examiners, there will soon be no more applicants for matriculation in Cleveland medical schools. One of these examining teachers is reported to have said that the law went so far in its rigorous exclusion of "incompetents" that a man who had "failed" here and then gone elsewhere and matriculated; one who had taken a year or more in such "foreign" school, could not, thereafter, apply in Ohio for a completion of his medical education without, even at that late day, being brought up standing before this same rhadamanthine tribunal and judged for his Latin

and algebra! Let that little statement get abroad among the physicians of Ohio, and among intending medical students, and either the boiler-plate of that law will be filled full with blow-holes, or else, a little later along, the same fate awaits the Ohio medical school.

Haven't we about reached the imit of our legislative nonsense? Or are there still other deep. unfathomed caves of possibilities for torturing the medical man who wants to come to us, or those in possession in fee-simple, or those other eligible and desirable ones who are wishful to partake in the future of our glory, our exceeding emoluments, and our successes? Ah, if laws could be made to work backwards sometimes! What a hurrying and skurrying and mounting in mad haste there would be among some of the ancient sinners—proficient in all things, save a working knowledge of Medicine and Surgery but who inhabit this land of Medical Promisehow they would haste them to uproot and destroy these many legislative monstrosities! Think what a milk-and-honey land this of ours will be —this faire countree of Ohio—in the course of, say, twenty-five years, when the Old Guard, who made living in its swamp, and lake, and river counties a possibility, has been gathered unto its several and respective fathers, and the newer generation, some whereof at this instant moment of writing not even in embryo, but in that later period referred to trippingly au fait in Latin and algebra and other kindred, practical, medical tests, are in full possession! Then the millennium will, indeed, have "came"!

## AN YOU LIKE IT, A SAVORY DRAUGHT!

The following article, taken from our esteemed and valued contemporary the (London) Homeopathic World, may give some of our readers a bit of startling intelligence, and possibly help in finding those in our country who have followed the same practice. In our earlier years as a young boy—we lived for a time in a section of the country wher the practice of urine-drinking was quite prevalent; but usually among the lower class of the Dutch. We have also known of the giving of urine to children when afflicted with croup. And in one instance a wealthy farmer collected each morning for a week the night's urine of a number of youths under fourteen—to give to an ailing horse, for what complaint we do not at this day recall. Which reminds us, further, that during the closing year of our Civil War a newspaper printed on wall paper in Selma, Ala., contained a pressing advertisement for all loval citizens of both sexes to save their chamber lye, to be collected during the

forenoon by the city authorities for the purpose of making gunpowder.—Editor.]

"In connection with the correspondence that has lately been going on in the Br. Med. Jour. re Human Urine, in various skin affections, it may be interesting to state that a celebrated breeder of cattle and horses confided to a friend of mine that the secret of having their skins so glossy and attractive was from his giving them urine as a medicine, about a tablespoonful of old human urine at every meal.

"Rival exhibitors had often expressed wonder at the smoothness and softness of the skins of his horses and the mossy hair of his cows, and to this he attributed his success. It has also been found that the mixing of urine with milk prevents scour

in calves."—Dr. R. T. Cooper.

I" We append some of the letters referred to by Dr. Cooper. Urea and uric acid are pretty well established as remedies in the attenuations. Urine also contains natrum mur."—Ed. Homeo. World.

"Dr. G. A. Leon writes: One reads occasionally in books of travel of individuals drinking their own urine as a remedy for various diseases, but until the other day I did not know that such a custom is still advocated in parts of England. A patient of mine last week told me that in his youth he suffered very badly from crops of boils on various parts of his body. He tried many remedies without success. He was then recommended to drink a teacupful of his own urine every morning for three days, then cease for a like time, then resume the drinking for three days, and so on until cured. He followed the advice, and by the ninth day all the boils had almost disappeared never to return."

"Dr. James W. Gill: I can add to Dr. Leon's note about urine drinking that my own coachman was telling me only a few days previously, and has since confirmed it, how he drank for three successive mornings a teacupful of his own urine for 'blackheads,' and he is quite confident that it cured him, as in a few days, I think he states about eight or nine, after the commencement of treatment the boils disappeared. He drank it warm, directly after passing, and had a handful of sugar ready to follow the disgusting draught. I have come across several cases like this.'

"Dr. J. Rees Gabe: Dr. Leon's letter brings to my mind a case of a patient of mine some years ago who was very deaf. I requested him on his next visit to 'bring some of his water.' On his next appearance, in about a week's time, he expressed himself as very much better, and that nothing had done him so much good before. asking for the specimen of urine, he replied that he had drank it every day and felt a great deal better each time. Owing to his deafness he had misunderstood the word 'bring 'for 'drink.' He was suffering from chronic bronchitis."

"Dr. S. Gresswell: Drinking one's own urine is very prevalent in the fens of Lincolnshire as a remedy for ague. The writer has come across several instances."

"Dr. H. E. Belcher: I have once or twice heard poor patients say they drank their own netting as a cure for urticaria. The word 'netting' is, I think, local for urine, and its use in this manner would be a fair example of primitive (or advanced?) homeopathy; 'netting' or 'nettle' being derived from A. S. netels = a nettle."

"Dr. William Craig: The correspondence on 'drinking urine' reminds me of a common practice in this neighborhood. It is that of wiping a baby's tongue and lips with its wet napkin in

order to 'kill the thrush.'"

"Staff-Surgeon W. Eames: 1 learn from a brother officer in the navy that the negroes in Barbadoes drink their urine and apply it locally to the face for the removal of pimples and blotches, the urine used being that first passed in the morning. I am also informed indirectly that the Eskimo takes his yearly, or at least half-yearly bath in urine, which secretion is also used by them in curing the skins of animals obtained by them in hunting.

"Dr. Cordes: Dr. Craig's note reminds me of a similar practice. For ophthalmia it was customary in this country to bathe the inflamed eves with one's own urine, the urine, when standing for some time, becoming alkaline. It may have some

effect in some cases.

# UP TO DR. ARNULPHY.

Referring again to the remarks of Dr. Arnulphy at the Homeopathic Congress this past summer at Paris, that Dr. Kraft was in error in charging that the graduates of homeopathic schools ever deserted the principles of homeopathy; or, if any such instance were to be noted, it would be found to arise from the indifferent or ignorant teaching in the schools; we beg to say that Dr. Arnulphy, possibly, was not a close observer while in Chicago, America, or that perhaps the genius of our language escaped him. For no one to-day familiar with any definite number of our graduates in Cleveland and Chicago can fail to know that homeopathic medication among such graduates is a fast-decreasing quantity; and that the modern, progressive adjuncts are rapidly filling in the places where once a homeopath stood. No one with careful and sound vision can scan the average homeopathic (American) exchange of the present day, without seeing the trend laboratory-wise and combina-

tion-tablet-wise. As to the indifferent teaching —well, that has been our plaint for some years past. Not that the individual teacher, in several of our colleges, fails of being a good homeopath, so far as the books and principles are concerned, -though some of our very best teachers and most prolific writers have not and never had any practice in which to apply their doctrines,—but because the one or two chairs thus homeopathically defended are destroyed by the overwhelming number of other chairs who are not homeopathic and make no pretense of being such. We know of one eminent homeopathic school which, calling a meeting of its faculty, reviewed the prevailing trend; and then and there agreed that each chair would be homeopathic, no matter in what special department its special lines should be cast. And so far as we have information that one college has kept the faith. But in how many others may this be said? The interne (or out-terne) of the hospital adnexa of a homeopathic college sent an order in a while agone for therapeutical supplies for that homeopathic dispensary and homeopathic hospital! Of course they were all homeopathic! The excuse for the prevalent "homeopathicness" of the measures asked for, was that the hospital and dispensary dealt chiefly in surgical cases, and that in all such cases made and provided, allopathic formulæ were the better remedial agents. When, however, any case not purely surgical or gynecological or some other -ical did come under the gentle sway of this homeopathic aggregation and that required homeopathic medication, it always got it. Dr. Arnulphy should hurry back to Chicago, America, and help to restore the fine homeopathic order which must have prevailed at the time of his former abiding with us. There seems to be a sad degeneracy somewhere.

## THE ENGLISH HOMEOPATHIC JOURNALS.

It is always with the keenest relish that we receive and look through the two English homeopathic magazines. One is always sure of finding the very best of Homeopathy in their pages, even though an occasional operative case finds its way thither; still, the case is made subservient to the underlying purpose of the magazines, to wit, Homeopathy. There is always to be found some excellent paper on homeopathic remedies or therapeutics. The studies in the former are fine, and bespeak the great care and time given to them. The latter are pregnant with practical The Review takes a different field usually from its cheerful antagonist, the World. The former gives most of its time to the discussion of Homeopathy and its principles without consider-

ing any of its practitioners, or anything relating to the practical art; while the World, like an American, prefers to touch elbows with the men in the profession as well as upholding and defending the principles. Both journals are good. and set forth the honorable efforts made to carry on the good work of Homeopathy. We have not, in our editorial time, ever seen in any issue of either of these journals any effort to sidetrack Hahnemann or any of his theories or works. There is always and ever apparent the reverence for the Master and a studious design to follow him and after him. laboratory and the microscope (both as well known in England as here) never obtrude their scientific length and depth into the homeopathic problem. We never find combination tablets exploited, nor coal-tar products, nor any one of the other thousand-and-one American betterments of Homeopathy. They believe in Homeopathy over there as it was given us by our fathers. It is safe to leave the numbers of these two magazines on the reception-room table with no fear that the intelligent reader will find aught in their pages to destroy his confidence in Homeopathy. The Englisher may be slow in his adoption of alledged passing progress, but in this instance it is a slowness to be highly commended.

#### WHERE WAS THIS HOMEOPATHIC EDITOR?

In a recent homeopathic magazine we find published a paper from Dr. Reed of Iowa in which the author lauds the exceeding value of pix creosol. This he says is "an absolute and perfect salt of tar (vegetable) the most powerful antiseptic, germicide, and deodorizer in use to-day, yet when administered internally by the stomach or hypodermically it exerts a powerful influence in the alienation and cure of diseases, without in any known instance proving toxic or caustic toanimal tissue." Then there follows a well-written description of all this wonderful preparation will do in the surgical field, in diarrhea, and in all forms of bowel disorders. It is unexcelled in stomach diseases, and particularly in gastralgia. It is also not by any means to be overlooked in gleet and cystitis. "And, finally, we find that in all diseases or symptoms arising from parasitic causes we have a definite and positive remedy in pix-creosol." By some strange inadvertence the price of the goods is not included in this wonderfully fine "homeopathic" paper published in a "homeopathic" journal.

We have no quarrel with the pix-creosol people for doing their level-best to make the professional and lay world believe that theirs is the only real thing that is worth while talking or thinking about; that around and concerning its wonder-working powers the veil of doubt has long since been rent; and that any medical man, or other, who fails of investing at once in its beneficent properties is a traitor to his own best interests and a murderer per se. That is business. Just as the exploiting of Fareol is business. Just as the tempting and purchasing of homeopathic physicians all over the country with twenty-percent.-dividend-paying investments is business. But that which specially rouses our righteous soul is that a homeopathic journal—one, too, of eminence-should give such transparently unhomeopathic article print-room, that it could be so easily smudged with this tar-stick. And yet Arnulphy continues to believe there is no degen-

eracy in modern homeopathy.

Here we have an article, however good in itself (we are not decrying its inherent or alleged values), yet not proved by any homeopathic process known,—with nothing whatever about it to justify its use except a few clinical data,—bodily injected into a prominent homeopathic magazine. What can be the outcome of this procedure? Why, the Pix Creosol Company, if it is halfway up to snuff, will quote that prominent homeopathic magazine as the purveyor of its pix-creosol matter, and refer lovingly to the cases in that article described. And every reader of that magazine, having read of the good works which the advertisement-writer, under the innocent guise of a practicing physician, has foisted upon his reading, will promptly invest in a goodish quantity of this famous article, and thereafter his former patrons will no longer die. They will have to fall annually under the ax or club of the fool-killer. Wonderful, wonderful, how a people can be run away with! Everything, everything is curable with pix creosol except heartfailure, baby-having, and bushy side-whiskers, and the few things that are magnanimously left open for Fareol and antitoxin to round up with. Gentlemen of the homeopathic magazines, it lies with you, as much as with the lonesome professor of materia medica in the alleged homeopathic colleges, to assume a virtue—that of Homeopathy if you have it not.

#### POTENTILLA ANSERINA FOR TENDER FEET.

"A chair-man whom I employ came one day with cloth boots on, his feet being galled and painful. On the top of a hill here a workman asked him what the matter was, and, on being told, pointed out a wayside plant, a sprig of which I inclose, telling him to put some in his socks. He did so, was much better the next day and able to wear his leather boots, and on the second day he was as right as ever. The head gardener of the

Botanical Gardens here tells me it is potentilla cinquefoil.—Yours faithfully, H. M."

The spray inclosed by our correspondent appears to be one of potentilla anserina, commonly called "goose-grass," or "silver weed," a common roadside plant. Quintefeuille is the French name of the genus, which is a branch of the rosaceæ, and closely allied to the strawberry tribe. Our correspondent's observation may prove a valuable starting-point for the study of this remedy. It is good for wayfarers to know they have a remedy for foot-soreness growing on every roadside.—Homeopathic World.

#### METHINKS HE DOTH PROTEST TOO MUCH.

In conversation a few days since with some local homeopaths we were chidden for our unpatriotic stand on the Niagara Falls question and informed that certain of these physicians would send an indignant protest against the moving of the meeting place by the Executive Committee of the American Institute of Homeopathy from Niagara Falls. And there you are!

There are three reasons, doubtlessly, why such

protest will be made:

First: Because the Niagara Falls suggestion was practically made from Cleveland, and for political reasons.

Second: Because its proximity means dollars and cents to several of the handful of homeopaths of Cleveland in affiliation with the Institute.

Third: Because the Executive Committee might take it into its head to move the Institute meeting to Cleveland—and that would never do.

What other plausible reason can any man in Cleveland assign for wanting the Institute in Niagara Falls this summer?

Have we not clearly and honestly shown

where the defect would be?

Is there one man in Cleveland, or elsewhere, who can say truthfully that we personally have any ax to grind in this matter?

Doesn't he know, if he knows anything about Exposition-times and Exposition-crowds, that Niagara Falls is not the best place for an Institute meeting this year?

Doesn't he know that the Institute would be playing into the hands of the Pan-American Exposition, and to its own empty sectional meet-

Doesn't he know that the first intention of the Institute is, or should be, the greatest good to the greatest number of its members, and not the momentary convenience of some of the pitiful handful of Clevelanders who sometimes attend?

Doesn't he know that Niagara Falls will be filled with travelers unable to get foothold in Buffalo, and that because thereof the accommodations in and about Niagara Falls will be of the Exposition-order, dirty, dusty, and disagreeable?

Doesn't he know that no man of any eminence in our profession will take of his time and labor and finance to prepare a valuable paper for his Institute section, when he knows, as well as he knows his own name, that he will talk to empty benches at Niagara Falls—because his audience will be at Buffalo or elsewhere high-balling and merrymaking?

Isn't it about time for some of this pitiful handful of Cleveland doctors—there are over 200 minus 16 practicing under the homeopathic diploma, but only 25 in Institute fellowship—to stop trying to run the other 1875 members of the

Institute?

We take back what we formerly said about Cleveland as a place for the Institute meeting this year. That may be the chief reason for the intended indignant protests—fearful lest the Institute come here; for that would mean hustle and more hustle to get together the necessary finance by a local committee so painfully, pitifully one-sided as to invite local as well as universal ridicule and obloquy.

And we also take back our original suggestion of Saratoga. We have no place to champion. All we ask is that the Institute be not quartered in or near a circus town, where it cannot, in the very obvious nature of things, receive

even ordinary care and attention.

We have no quarrel with the Pan-American.

But we love the Institute more.

The Executive Committee has not yet spoken. We have no knowledge of what it may decide. Nor do we wish to pose as Intimidators. If it says Niagara Falls, we will do our prettiest to make the meeting successful. But we ask them to weigh most carefully this question. It is not a trivial one. The Institute membership-and by that expression we mean the great body of members who are not Professors and politicians, those who still harbor a lurking suspicion that the American Institute was inaugurated for something a little nobler and higher than filling the belly and tickling the funny bone and scrapping for championships—that Institute membership will not brook much longer this dilly-dallying with its ancient prerogatives by a few convivial rule-or-ruin spirits who attend each session mainly because of reduced railroad rates and the like; who stir up political strife and animosities, and thus slink along in the shadow of the Institute!

The Institute has a far more noble and glorious destiny to fulfill. But if it is to become merely a rich doctors' annual club, then we had

better disband! The cry now heard—yea, even in Cleveland, whence "indignant" protests may soon issue—is that membership in the Institute amounts to nothing professionally; that it has become a club of Professors and theory-mouthers; people with political axes to grind and text-book technique to exploit. Shall this impression be fostered much longer and, indeed, intensified by the casting of our lot this year into the very hotbed of merrymaking—where every convenience and comfort for doing anything worth recording in our annual Transactions will be denied us?

#### CLEVELAND MUNIFICENCE.

A few weeks ago the local papers of Cleveland gave column-accounts of the munificence of a great and generous donor who had given fifty thousand dollars to an old-school medical college. Again we read that someone else has given one hundred thousand dollars to the Lakeside Hospital—an old-school institution. But we nowhere read, however carefully we scan the daily papers, both morning and evening, of the presentation of any largesses either to the homeopathic school or to the homeopathic hospital. And the excruciatingly painful part of this o'ertrue tale consists in that one of the generous donors above hinted at is the distinguished patient of homeopathic physicians here and elsewhere; and it may yet transpire that the other giver (whose name is still wrapped in mystery) is the same "homeopathic" giver. And is there no help for such flagrant diversion of moneys that ought to go to the upbuilding and sustaining of our Cause? Have we done, or are we doing, aught that causes these eminent givers to pass us by, though themselves beneficiaries of our benignant medication, and to go with open purse over to our friends, the enemy?

# Correspondence.

THE AMERICAN HOMEOPATHIST:

Very frequently I have noticed articles of correspondence, clinical cases, etc., appearing in your journal, as well as in 'most all other homeopathic journals, in which the "potency" question is ever a matter of contention and criticism. This is an age when the impossible of yesterday becomes passé to-morrow, and we are constantly scanning the horizon for the appearance of some great man with some great invention which will be conducive to our pleasure and make living more convenient, and when we get

it, we usually accept it in real old chamomilla or bryonic stye.

Most of us are looking for someone else to solve the potency question, when we should be digging for it ourselves; using the high as well as the low potencies, and getting familiar with their action and mode of administration. We should be sure we have good potencies by purchasing them from standard dealers, or by getting grafts from our friends who know their remedies are good because of repeated usage. The fact is, the "potency question" was solved long ago by Hahnemann, and if we study our Organon we will not only learn much about potencies, but will learn some good, sound homeopathy, the lack in the knowledge of which has had a wonderful lot to do with our personal failures which we are often pleased to shoulder on to the potency of our remedy. We know that we have many remedies in our materia medica which in the crude state were absolutely inert. We know that, by following Hahnemann's law of potentization, we liberate the power which is the very essence of these substances and they become most powerful as medicinal agencies. It is not a law of simple "dilution," as many claim. If it is, how can you dilute nothing and make something and make it stronger by weakening it? It is claimed that neither by chemical, microscopical, nor spectrum analysis can any trace of drug substance be found above the twelfth centesimal potency, yet years of experience prove to us that there is something beyond the power of these agencies to discover; a something which is most potent in producing or eliminating symptoms according to its application.

If the law of potentization applies to crude substances which are absolutely inert, why will it not apply to substances which are not inert? The fact is, it does; and it does it every time. A high potency is quicker, deeper, and of longer duration in its action, and I believe they are the only potencies to be used in the treatment of chronic diseases, and that they cannot be improved upon in the treatment of acute diseases. It is surely a fact that our most noted and successful practitioners in the homeopathic ranks are and were men who extensively used the high potencies. Such men as Hahnemann, Hering, Jahr, Lippe, Dunham, Fincke, H. C. Allen, Nash, and many others are to be thought of in this line, and if they have won their reputations and positions in life by the homeopathic administration of "moonshine," then it might be well for some of us to follow their example. Hahnemann has given us our best ideas of potentization, and a potentized remedy only needs to be administered according to the laws of homeopathy to show what there is in it. The potentized remedy, no matter how high, even to the highest we have,

will do beautiful work if it is the simillimum; but if it is not the simillimum, it will not cure, but may palliate as well as any crude remedy administered allopathically. Mrs. Eddy, the mother of Christian science, says that the reason we cure with high potencies is because of the "suggestion" that goes with the little pellets which are impregnated with our wishes to "cure," and from a recent article in your correspondence column I see that others think the same way (?).

Dr. McIntyer thinks "high potencies are scientific impossibilities" and through them cures are made only as a result of "suggestion." So many things are attributed to "suggestion" nowadays that I believe one of our old axioms should be changed to read "Suggestion is the mother of invention." What seems paradoxical with Dr. McIntyer, he says he never uses sul., lyc., sil., etc., lower than the 200th. Anyhow, we have discovered that "suggestion" works well in the higher potencies. Not more than a month ago I cured a bruised testicle, enormously swollen, hard as a rock, and very painful—a suspensory being necessary—with conium c. m. In twenty-four hours the pain had ceased, and in three days the organ was normal in size and consistency. I have cured several such cases which were the result of bruises and gonorrhea, and have cured some cases of painful and enlarged mammary glands with this same preparation of conium c. m., so that I know it is effective and does good work.

I can cite any number of acute and chronic cases which I have cured with high potencies, and I use them every day with the best of success. I also know from experience that low potencies will cure, especially in acute diseases.

I believe that the differences of opinion regarding the potency question arise mainly in the colleges. Most of the professors in most of the colleges scoff at potentization, call it "moonshine," and say there is nothing in it. They use all low potencies or tinctures in their clinics, just as they alternate two or more remedies, apply ointments, cauterizations, and injections, indiscriminately, and the student goes out with the mistaken idea that he is a homeopath and has the correct idea about the whole thing. The college is where the antipathy to the use of high potencies starts, just as it is the place where alternating and combining remedies is taught, and where it is often said "that Hahnemann is out of date now" and the Organon is the most insignificant of all studies, if, indeed, it is taught at all. There is very little encouragement for one to report cases cured with high potencies, especially in societies, for he is immediately jumped on, his doagnosis questioned; he is dubbed a crank, and it is said that his patient would have gotten well anyway. We should apply all the

laws of a homeopathic prescription each time we prescribe and not get discouraged if we do not get the desired results. The "Law" is all right and if we have the simillimum it will work every time in any potency, but the high potencies have the advantage of being applicable to acute as well as chronic diseases, while the low potencies have not. No one would think of using our nosodes in the crude state any sooner than they would our "inert friends," so well described by Dr. Harley Baker in your first issue for December. And what good homeopath can get along without them?

Send your students to a college where the Organon is taught in each of the four years and Hahnemann and homeopathy are respected, if you would have them understand "potency" and

become homeopaths.

Very Truly Yours, Charles E. Alliaume, M. D.

UTICA, N. Y., December 7, 1900.

## Book Reviews.

DISEASES OF WOMEN. A Manual of Gynecology. Designed especially for the Use of Students and General Practitioners. By F. H. DAVENPORT, A. B., M. D., Assistant Professor in Gynecology, Harvard Medical School; Assistant Surgeon to the Free Hospital for Women, Boston. Third Edition, Revised and Enlarged. With 156 illustrations. Lea Brothers & Co., Philadelphia and New York, 1898.

It is, indeed, a manual, and not a misnamed larger book. We remember hearing the late lamented Ludlam say at Omaha, after making a somewhat long speech, in discussing a paper, that he had made a long speech because he had not had the time to make a short one. Indeed, the secret of telling "things"—medical or otherwise—in short meter, is a rare gift, and one which, in this day of cheap paper and cheaper printing, is almost lost sight of. Professor Davenport is fully cognizant of the scope of his subject, and still puts all that is practical within the compass of a book which may easily be carried in a raincoat pocket or an inside overcoat.

The subject of gynecology is no longer new, although only a few years old. It leaped into almost instant popularity, but, like all sudden growths, it was overdone and is now like to fall back to its few essential points, and these are not far removed from the original source—general surgery. The reading of Davenport's book shows this to be the plan and purpose of his work.

He does not for any perceptible period of time hold out the belief that gynecology is so distinct a specialty that it may be cut loose from general surgery; and he does say in many places that it requires no unusual exhibition of skill for its successful practice, and that in due time it must revert to its base of origin. The "woods is full" of text-books on this subject; and out of the whole raft of them not one has aught new to offer to the greedy multitude of young gynecologists except a possible new ligature, a new handwash, a new way of bandaging up the head of the operator, or, in general, the author's improved technique. Dr. Davenport is to be sincerely congratulated on his honesty in dealing with this topic; he nowhere seeks to impress the reader, student, or practitioner with any mumbojumbo business; he believes, and so says, that gynecology can be learned and successfully applied by anyone with the necessary anatomical knowledge. His description of the work to be done is most highly laudable; he never fails of interesting; and the pictures which accompany his letter-press are effective aids in completing his word-pictures. We have read the book through and admire its style, its honesty of purpose, and its effective way of clearing away the mystery which some of the larger text-books seem so prolific in engendering. If a few more eminent authorities like Davenport, and others we might name nearer home, who deal in gynecology, step to the professional footlights and destroy the illusion which hangs about the work of gynecologists, pretty soon some of us "old fogies," who were merely surgeons and doctors, will feel that we may be as good and "smart" as some of the newer mushroom growths and in time be again the vogue.

STRINGTOWN ON THE PIKE. By J. URI LLOYD. Dodd, Mead & Co. New York.

Professor Lloyd has given the lovers of good literature a splendid, well-written little book, and concerning a subject which is practically new and unworn. It is a graphic tale of some of the cruel scenes of our Civil War when many a village was divided in its sympathies between the combatants. The old negro Cupe, who makes the story, is wonderfully well drawn and appeals to all who know aught about the genuine Southern negro —especially him who traced his origin to the Gold Coast of Africa, and was not a half-breed or a quarter-breed of the Southern plantations. He, this Cupe, is full of omens and signs and superstitions. He plots the story from his first introduction into the book. And the skill of the author is unexcelled in filling in the colors of the picture for which Cupe has apparently made the

rough draft and even the sketch. That is where the marvelous part of the writer comes in. He is absolutely lost sight of. He has effaced himself and put Cupe in his place; and it really looks, during all the time, as if Cupe was telling the story. The reference to the trial, introducing an obsolete Act of the Legislature, is sharply drawn and worthy of several readings. We are told in some of the Review notices that "Stringtown" is another name for Florence, a little town about seven miles south of Covington; and that the Pike is the famous Lexington Pike; that the story is in reality based upon facts, and the half-tone pictures with which the book is embellished are actual places. The ending is a sorrowful one; and were the story not based upon an actual happening, we could wish that Cupe's signs could have been so cast that the alleged principal character might not have destroyed himself in recognition of a professional error brought to his notice at a later period. Each Christmas-tide, since our home has had little people in it, we have made it a rule to read an hour or more aloud from some popular book. This year the book used is "Stringtown on the Pike." In the estimation of that circle of listeners there isn't a better and more interesting and spell-binding book than this relating the adventures of poor old Cupe. Professor Lloyd has given the reading world a distinct pleasure in delving in this new mine and producing such rich pay-dirt. May he not cease in well-doing!

#### NORTHWESTERN OHIO MEDICAL SOCIETY.

The fourteenth Annual Meeting of the Northwestern Medical Society, held at Toledo, O, on Tuesday, December 11, was well attended; over

sixty doctors were present.

The president, Dr. F. W. Morley of Sandusky, made an excellent presiding officer. The papers and the discussions following were unusually good. The papers of Professors Copeland and Dewey of Ann Arbor were especially worthy of notice; the former, on "Deafness Can Be Cured," referred to a new instrument for the relief of deafness, and the latter read a very practical and valuable essay on "Bellis Perennis." Dr. Reddish's, on "Empyema," and Dr. Humphrey's, on "Dystocia," were very interesting papers. Dr. Kinyon was to have discussed the paper of the latter; in the absence of Dr. Kinvon it was discussed by Dr. Biggar. Dr. Bishop's paper, "The Relation between Physicians and Surgeons in Appendicitis," advocated an operation as soon as the disease was diagnosed. The discussion was opened by Dr. Wood. Dr. Stafford suggested antitoxin in diphtheria. Some of the physicians differed from the author of the paper, preferring homeopathic remedies. Dr. McVay's paper, "Deciduoma Malignum," was discussed by Dr. Sawyer of Marion. Dr. Hunt of Columbus had a good paper on "Cancer of the Uterus," and urged an early operation; the paper was discussed by Drs. Flower and Biggar. These papers occupied the entire time of the sessions. Many valuable papers were not read owing to want of time.

Dr. Morley presented an interesting clinic, an old dislocation of the hip in a boy eight years old, which elicited much discussion. It was quite a coincidence that three of the doctors present were maimed from the same cause, a fall upon the knee in early childhood.

The Toledo physicians entertained the visiting doctors at the Boody House. The meeting was

very pleasant and profitable.

### ADVANTAGES OF THE SPRAY IN PSEUDO-MEMBRANES OF THE PHARYNX.

D. C. BROWN, M. D., DANBURY, CONN.

(Abstract from the New England Med. Mo.)

In my experience for attack on the pseudomembrane in diphtheria the spray is better than any other means. Irrigation fails to give the penetrating power necessary to get to the middle layer of the pseudo-membrane. It and gargles are good for cleansing, but I fail to see the reason for the oblivion to which modern teaching has consigned the spray. I admit that harm may be done with it, and that the child fights against it; but the same objections hold good against irrigation, and the young cannot gargle. I avoid spraying the uvula unless covered with a pseudo-membrane, and in fact avoid any healthy membrane with the direct force of the spray, for I aim to get force enough to see the tissues splay out with the spray.

Personally, I have a favorite solution which I rely upon to be used as sprays in accordance with the individual case. This is hydrozone, and I direct that the nurse put two teaspoonfuls with three to eight teaspoonfuls of water and use at first every half hour or hour. I use this especially in all denser membranes, that the hydrozone may break up and disinfect the middle layers of the pseudo-membrane. It makes a way for other antiseptics which may be subsequently

used.

# Globules.

—The Forty-Ninth Annual Meeting of the New York Homeopathic Medical Society will be due to come off at Albany on February 12 and 13 next.

—Dr. H. F. Biggar, Jr., appeared recently before the Teachers' "Reception, Berea, Ohio," and delivered an address entitled "Is Alcohol a Food?" in which he reviewed the medical as well as the physical side of the question, and incidentally also the moral viewpoint. The address, which appears in part in the Berea Enterprise, is an interesting one filled with suggestions of eminent value.

—Dr. A. M. Duffield, late president of the Southern Homeopathic Medical Association, reports the accession of a son to his family altar, who has been given the name of John Alfred Duffield. Among the heirlooms which this newer and doubtlessly handsomer Duffield has received, is an English florin of date 1697, inscribed with "J. D." and which had been handed down from that date from John to John of the Duffield name until it has reached this last scion of a distinguished race. He seems also to bear the distinction of being the last male in the direct line of Duffield to perpetuate the family name. We all wish the younger Duffield, as we do his father and mother, a long and fruitful life.

Which reminds us to say, in another paragraph, that Dr. Duffield, speaking for the Blacksher-Miller Lumber Co. of Brewton, Ala., invites the location at that place of a good homeopathic physician and surgeon. He and the firm promise to help the new doctor to a good practice. Who

will go?

—Dr. H. H. Crum of Ithaca, N. Y., has sent us a reprint of his paper as published in the Cleveland Homeopathic Recorder—by the by, where is that Cleveland Homeopathic Recorder now?—which was one of the unsuccessful papers competing for the golden-gold prizes offered some years since by the Medical Visitor for best papers on Homeopathy and the like. Dr. Crum's paper is a scholarly arrangement of the matter in hand, and is a most worthy exposition and promiseful of good Homeopathy. If a paper of this clear enunciation of Homeopathy was deemed unworthy in competing with others for the prize, the wonder grows why the successful papers have not been permitted to see the light of the printshop. Surely they must be most superb, and ought to be uttered at once, thus showing the waiting profession what true Homeopathy really is, and by whom so excellently presented as to unlock the treasure-box of the Medical Visitor's patron and backer? Shall we cry in vain for these State papers? Has the office cat made waste of them?

—The Cincinnati Homeopathic Lyceum will have another session on February 6, at The

Sterling, when Dr. W. G. Hier will talk on "The Surgical Treatment of Diseased Tonsils," and Dr. C. E. Walton will discuss "Appendicitis." Both speakers are too well known to need words of commendation from us. We know that the audience will feel amply repaid to listen to this twain.

—We learn from the current number of The Hahnemannian Monthly that Dr. W. W. Van Baun, one of its editors for ten years past, will retire from that place and give room to Dr. Clarence Bartlett, who will not be new in this position. having already within our memory been editor or co-editor. We shall miss Dr. Van Baun from the editorial field; but we do not begrudge him the freedom which he will now once more enjoy as being a mere private citizen. We wish him continued health and success. Dr. Bartlett, as we have already intimated, needs no introduction to the homeopathic profession. He is a fine and logical writer on interesting topics and will aid Dr. Biegler in bringing the popular Hahnemannian Monthly full up to the advanced mark of progress and success.

—Dr. O. A. Palmer, who has taken the sanitarium at 24 Streator Avenue, Cleveland, has made a series of progressive changes in the establishment; in fact, he has remodeled and changed the whole plant until the original projector and promoter of the institution would hardly recognize the place. Dr. Palmer, as is well known, is a very practical physician and an expert surgeon; so that any case put under his charge may be sure of first-class care and treatment. But the doctor invites other physicians to avail themselves of his sanitarium for operative and other cases. Every appliance of modern surgery is here to be found. And the environment, the proximity of our beautiful park system and boulevards, makes the location a delightful one.

—As a child we were taught that blessings become brighter as they take wing. But Heaven help us to dispense with the blessings which the departing Fisher leaves us, as he hies him hence to a foreign shore! But would it not have been more pertinent and far more exceeding honest had he told us, months and years ago, the things he now thrusts upon us in the last issue of his sold-out Century? For, being a natural newsmonger, he must have known of the existence of the evils he now so sharply depicts; and thus knowing, his duty to the profession, which trusted him implicitly, was plain. Why, then, wait until safely out of the country? It isn't considered the height of bravery to call a man a liar by telephone, or write it to him on a postal card. If all these bad, bad things concerning the New York College and journals and profession were known to him for some time past, why has he not, in his position of protector of the profession, given them light and room ere this, and thus saved the trusting profession of Homeopathy from lending themselves unwittingly to the undoing of its students, and the hurting of the existent profession? If these are matters of but recent discovery, what mighty force led to their sudden uncovering? The Medical Century has had its head office in New York for several years. Does Fisher plead that he is but now cognizant of the evils he has set forth with such vitriolic vim in his parting

- —The initials now following the New York address of the New York City practitioners is in the highest degree confusing. It will take a Philadelphia lawver to keep straight on the Manhattan and Brooklyn and other abbreviations.
- —Who said anything about the prevalence of typhoid fever at Niagara Falls during most of the summer? Sir? Is this simply another lie to defeat a few ambitious people in running the Institute? But what do the records of the Board of Health disclose?
- —Dr. Freligh was one of the most successful practitioners of the Homeopathic school in New York, and while his life's work is long since ended, his formula known as Freligh's Tonic is to-day a most approved remedy for those distressing after symptoms of La Grippe. Anyone not familiar with the prompt effectiveness of the tonic in these conditions should give it a trial.
- —I have my theory upon the cause of cancer," says Dr. O. D. Childs of Akron, O., in "Homeopathic Recorder," " and as as basis of that theory I will state that I ask no one to consider, but act entirely upon their own individuality, and if they wish to learn something try to see what they look at and observe how many Hebrews who follow the sanitary laws of Moses as given in the Bible ever have either phthisis or cancer or diphtheria. I have been looking for even a single instance for over forty years, and have failed to find one.

"When the human race leaves off the reading of the Bible for the purpose of going to heaven, and commence to study it as the law of life, the sooner will the, know science, and get the king-

dom of heaven within them.'

—An editorial upon the outbreak of rabies in the District of Columbia appears in the New York "Medical Journal," September 29, 1900. In the table contents, however, the word "babies" is used instead of "rabies." Commenting on this the "Alkaloidal Clinic" says, "We were once smartly taken to task for converting the red-bug into a bedbug, which, after all, is only a difference in kind; but to transpose hydrophobia into an epidemic of infants is a metamorphosis from which even the genius of an Ovid would shrink. Is not rabies a bad enough infliction for the disfranchised sojourners in our national capital."

- —The all-absorbing fear of, lo! the poor untutored mind of the laity, engendered by reading of germs, germs, and yet more germs, is graphically and somewhat humorously depicted in a recent issue of the "Saturday Evening Post," wherein it says that scientists themselves reluctantly admit that not all germs are harmful; they even more reluctantly admit that in the present state of science it is quite impossible to tell just which are harmful and which are not. Let us not, then, it argues, indiscriminately abuse them, for even a germ may turn. Then what is there to do? Forget about germs; don't worry about them; just pay attention to sensible rules in regard to dressing and eating and drinking, and let that suffice, so that if the lay reader once gets it into his rattled head that germs are innocuous, all the king's horses and all the queen's men, that is to say, all the dogmatically stated and infinitely repeated dicta of all the fad-following medical schools and twenty-per-cent.-dividend-paying pharmaceutical companies will not be able to keep it alive. Speed that day!
- —" Das Ewige Weibliche" is apparent in a picture which heads a department in the American Kitchen Magazine. This half-tone bodies forth the interior of the writing room of the lady correspondent or departmental manager. Everything is in apple-pie order; just as the room or "den" of all writers and authors is always found to be in. A string of photographs is picturesquely arranged around the desk blotter; there is the sweet-smelling bouquet of flowers near the right-hand corner of the surface of the desk; the pictures in the room are framed and sweetly apropos to the matter in hand; they include no demi-clad actresses or pugilists, and are not pasted against the wall; the carpet is well garnered and swept; no box of sawdust peeking out from the littered floor to trip up the city editor; and we see no Croton bugs feasting luxuriously on the contents of the paste-pot; but that which caused the foreign exclamation opening this paragraph is to see the dear, sweet lady-manager of this department becomingly arrayed in full street costume, minus the hat, sitting in a rocking-chair with writing pad in her lap, writing her sage advice with pencil!

#### The American Homeopathist.

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# The American Ibomeopathist.

FEBRUARY 15, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

#### MEDICAL COLLEGE GOVERNMENT.

EVERY other industrial enterprise of the world has moved up out of the rut of ages, and taken on modern ways. The medical college, however, seems to be the one glaring instance, among others not quite so conspicuous, of adhering with tenacity to the old forms of organization and government which were ripe and ready for sepulture several generations ago. What is a medical college but an industrial enterprise in which the ways of business are attempted in the hope of earning expenses and wiping out of bad debts? Medical men are proverbially poor business men. That is our commercial rating. And we cling to that Bradstreet hall-mark with all the wealth of affection of the other old Aunty to the saving tenets of Original Sin. We are not to be disturbed in our more than ripvanwinkle slumber. Nothing can bring us to a sense of our has-been methods-not even palpable mismanagement, indifferent teaching, execrable business, the loss of desirable students, and the constant biting of thumbs at each other among rival Professors; nay, not even the steady increase in the burden of debt; nothing can in any appreciable degree affect those who are hell-bent upon running things even to the very d-ickens.

So long as the faculty of a modern commercial-medical school selects and elects itself from its own limited circle of professional friends and admirers; and, in the main, for reasons dependent more upon social and financial possibilities than for those purely educational; and thereafter perpetuates itself from year to year, under the thin and specious

pretense and guise of being under the surveillance and dictation of a bold, bad board of directors or trustees—just so long will there be wishy-washy teaching, despicable bossism, professional and professorial jealousies, underhanded and dirty ways of ousting a rival, and the turning down and out of students for causes other than lapses in matters medical.

\* \*

IS there no help for this pitiable state of I affairs? Dare we assume that the world at large is not fully cognizant of our poor business tact, our wretched teaching, our bickerings and jealousies, our augmenting debt, and our political fights to keep desirable teachers out, and wire-pulling, social, and financial pets in, the faculty? Do not the students-those now coming to us under the rigorous selective rules of the State Boards-do not these quickly pierce the flimsy phylacteries of the carpet-knight professors, and of those few elder wall-flowers retained in reverence of age and in order to lend a passing local color to the title over the front door of the school? Of course they do; and so doing they send the news back to the preceptor and the profession and the world, and we are pilloried because of our narrowness and our selfishness. Have we not frequent mutinies because of insufficient and inefficient teaching in the school? Do we not have from time to time complaints of the insufferable high-handedness of gosling Professors with the class, from which latter belike they graduated but the semester preceding?

THE salvation of the modern commercialmedical school lies in its adoption of busi-

ness methods; of adapting itself to the exigencies of the times in which we live. Medicine is an exact science; as much so as either of the other professions or vocations. True, it is circumscribed in its sphere of usefulness; it has its metes and bounds; but so have the other professions. Therefore put it upon a business basis—such an one as will appeal to the commercial spirit of the hour, and cause men of means to take it up and make it successful, just as they engage in gasmachines, or ax-helves, or electrical appliances, or in any other purely business venture which promises a fair return for money invested. Sentiment has no place in a medical school outside the lecture room; and it is a large question whether it has much room in that room. Every man in every chair should be as trusted and skilled an employee of that college-corporation as he would need to be were he employed in a large manufacturing establishment turning out delicate watches, instead of instructing medical men and women. Each teacher should be selected because, and only because, of his special skill and ability for the place for which he is billed; and not because of his influence in filling the private business of the surgical chairs, or because of his grateful throwing of an undiscriminating ballot on supreme occasions.

ET the medical part of the medical college be directed by the medical people; but the business part, the appointing of teachers, the keeping them in office from year to year, the purchase of necessary apparatus, the payment of bills and interest on a bad debt, the securing of students—all these should be matters of business attended to by business people. Why not view this matter sensibly and away from the business methods of a halfcentury ago? Look over the list of eminent men who would adorn a college chair bringing both honor and value to that chair in a modern commercial-medical college, and how many of these men (whose names have graced full many a page in current literature and whose white plume is always found in the

forefront of battle against disease and death)—how many of these would think seriously for

even a moment of accepting place in a medical school one hundred miles away, which would entail the pulling up of home ties and a living practice? Not one! There isn't a medical man in Cleveland to-day making a fair living who would remove to Chicago to take to professoring in any one of its colleges. And there isn't one there who would come to Cleveland under the same conditions. For every wide-awake medical man knows how these colleges are organized and governed, and that his lease of life in many of them is worth nothing beyond the immediate semester in which he may arrive.

\* \*

F the alumni of the several colleges could be I roused from the pleasant contemplation of annual dinners at Delmonico's or Frascatti's, and the other equally agreeable exercises following thereupon, they could accomplish much to save their respective alma-maters from annihilation—for to this pass must it come at last. But the alumni of most of our homeopathic colleges is a pleasant fiction; or it is merely a well-leaded list at the back of the Annual Announcement of persons existing and extinct, to conjure with for future students; or it is composed of a body of convivially inclined and necessarily successful graduates, who gather once a year around a three-dollar plate to eat and drink and listen to choice chaste little rose-leaf stories, and, later on, to those a wee bit heavier in the girth and ensemble, the same while burning incense at the shrine of Nicotia; presently they are addressed by some glib-tongued, languorousmiened Professor with gold spectacles and a mustache reaching upward and backward and onward behind his ears, the address deftly interwoven with wonderful operations performed in that college; then the election of a college official to the presidency; after this more stories of the heavier sort (to fit the different mood now upon the celebrants to the accompaniment of apollinaris, plus-), and the mighty work for which this august body had been summoned out of the four winds of homeopathy is done. It disbands; and so it all ends in smoke! And yet this is that mighty engine which, put in working trim and rationally directed, could rescue its almamater from the hands of the vandals who are using it more for personal aggrandizement than for the good of the school or of our system of medicine. Will not the alumni arouse them and take hold? Or don't they

Kraft, Palmer, Dewey, Aldrich. Porter. Royal. Smith (H. M.) Bailey. Copeland. Mohr. Smith (T. F.)



Norton.

Kinne.

McClelland.

Peck.

Custis.

# Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

# Extraordinary Toxic Effect of Quinine.

Dr. Franklin W. Bock 39 records the case of a major in the army, recently returned from the Philippines, to whom quinine was prescribed in five one-grain pills, one to be taken every hour, in spite of the patient's assertion "that he couldn't stand quinine at all." In three hours quinism was marked. Grippal pains subsequently set in, and facial erythema of erysipelatous character, signs of physical collapse, and mental delirium followed. The effects of this small dose appear to have lasted about four weeks. On several occasions previously toxic symptoms had followed the attempt to administer quinine to this patient.

## Diagnostic Value of Koch's Tuberculin.

Albert Fraenkel 38 says that the reaction against

the use of this agent, which was the natural result when it was found that not only was it useless as a therapeutic agent, but also that even as a means of diagnosis its employment was not free from danger, has gone too far, and that properly and carefully administered it gives valuable information with very little risk. A large portion of the undesirable by-effects and sequelæ attributed to the reagent are due solely to the unnecessarily large doses which it has been customary to give.

## Diphtheria, Therapeutics of.

Dr. Price 8 says:

Quite a large number of drugs have been recommended for this disease, among which may be mentioned lachesis, lycopodium, apis mellifica, arum triphyllum, belladonna, bryonia alba, kali bichromicum, lac caninum, the mercurials, phytolacca decandra, aconite, arsenicum album, bromine, cantharis, lachnanthes, sulphur, etc. While many of these drugs may be indicated in different patients, my experience generally has limited me to the following few: Belladonna, phytolacca, apis, kali chloricum, mercury, and possibly la-

If asked which of these few drugs I prescribe most frequently, I think the order would be as follows: Phytolacca, kali chloricum, belladonna; then would come one of the mercuries, or apis, or possibly lachesis. As to detailed indications, the following may be usually confidently considered:

Belladonna.—When the circulation is actively disturbed, and the usual febrile symptoms with the characteristic throat appearance and modalities, belladonna may be prescribed. The right side need not always govern the selection of the drug. In the febrile sphere gelsemium will sometimes also do good service; but the dull, stupid expression, flushed face, and tremulous

weakness must be present.

Kali Chloricum.—This drug I generally give for its oxidizing action, besides its strong influence upon the mucous membrane. If the stomach shows signs of derangement it is so much the better indicated. In my opinion it is uscless to give kali chloricum in infinitesimal doses in diphtheria; two grains every hour or two for a day or two will produce good results without endangering the kidneys. Of course it must not be continued too long; its usefulness is over when the patches have disappeared. Chlorate of potash is an excellent second to the permanganate, and it will do satisfactory work in conjunction with belladonna or phytolacca.

Phytolacca Decandra.—When phytolacca is indicated the general aching so frequent in diphtheria will exist, the fibrous tissues being involved. The throat will be dark, with a sensation of hot lumps therein. This is doubtless due to the swollen tonsils, which are full of hot blood. There is a tendency to glandular enlargement. This glandular involvement further suggests ailanthus glandulosa, which sometimes proves useful in malignant cases, especially when a good local germicide has not been used. Phytolacca has, with the general aching, a soreness which seems to be deep enough to arise from the periosteum, but not the broken-bone feeling so common in grippe and so usually characteristic of enpatorium perfoliatum. The throat pains of phytolacca tend upwards into the ears, as though following the course of the eustachian tubes. With all this miserable condition the breath is very offensive.

Mercury.—Of the mercuries the biniodide probably has the preference over any other preparation; probably because of its rapidity of action and in diphtheria we certainly desire rapid effects. The red iodide of mercury acts strongly on the left tonsil, while the yellow iodide acts upon The vellow iodide tongue is thickly coated vellow, especially toward the base, with red

tip and edges; while the red iodide tongue feels very sensitive, as though scalded. Mercurius cyanatus is frequently recommended by practitioners, but I confess to having been disappointed in its effects. It has produced "a white opalescent coating, resembling the superficial mucous patches of syphilis, on the pillars of the velum palati, and on the tonsils," but for all that I have failed to secure curative results in its use in diphtheria.

Apis Mellifica.—Apis is indicated when the patient is very weak, and has the characteristic appearance of the throat which is very sore on attempted deglutition. The late Dr. H. N. Martin -professor of practice in the Hahnemann College of Philadelphia—declared that he would rather depend upon apis for throat troubles than any other one drug, if he were limited to a single selection. While apis is a good throat drug, it is,

however, by no means a panacea.

Lachesis Trigonocephalus.—Among the snake poisons the one I have found most effective in diphtheria has been lachesis. Its indications are so well known that I will not take your time by repeating them. Suffice it to say that when prescribed according to these same well-known indications it will rarely fail. Unlike the drugs already named I do not use lachesis in low dilution; the thirtieth dilution is the preparation I

For the after-effects of diphtheria such drugs as china for strengthening the mucous membrane, and gelsemium for nerve weakness, may be needed; but my experience is that when a good germicide, such as permanganate of potash, is used, together with the general treatment herein outlined, there are few sequelæ from diphtheria.

#### PELVIC INFLAMMATIONS COMPLICATING THE PUERPERIUM.\*

By Geo. S. Coox, M. D., Louisville, Ky.

This communication, while necessarily touching puerperal sepsis in general, is intended especially to deal with pelvic peritonitis, pelvic cellulitis, salpingitis, and oöphoritis. In the majority of cases two or more of these pelvic inflammations are associated and are septic in character. casionally they are tranmatic or irritative.

Few conditions are more trying to the obstetrician than puerperal fever, for not only is it a most dangerous complication, but one for which, in the majority of cases, he must hold himself responsible, through lack of cleanliness. I cannot

<sup>\*</sup> Read before the Southern Homeopathic Medical Associ-

agree, however, with those ultra gentlemen who would hold their attendants responsible in every case, for, in spite of the most rigid asepsis and antisepsis, occasional cases will occur. Nevertheless these cases are so rare that in every case of puerperal sepsis the presumptive and circumstantial evidence is against the attendants, and their only escape from self-conviction is the consciousness of having observed the well-known aseptic rules. Failure to do less is criminal negligence, and will result, sooner or later, in some unnecessary death. Statistics show that under modern prophylaxis and treatment the death rate from sepsis, in lying-in hospitals, has been reduced from ten per cent, to less than one-half per cent. Yet, in spite of this fact, there is still much slovenly work done about the parturient woman.

The general symptoms of puerperal sepsis are much the same, irrespective of the local part involved. These are: an elevated temperature following perhaps a chill; a rapid pulse; physical depression; a foul tongue, with anorexia; and in the worst cases a septic diarrhea. The local symptoms are more or less tenderness and pain, with a foul discharge, or the lochia may be arrested. The physical signs vary with the part involved.

Although, unquestionably, pelvic cellulitis may occur almost independently of peritonitis, the two are frequently associated, and a differentiation at the bedside is often impossible. Peritonitis is usually accompanied by tubo-ovarian inflammation, while cellulitis may leave these organs uninvolved. The infection of the cellular tissue is usually through the lymphatics, and comes most frequently from a lacerated cervix. If the disease be confined chiefly to the cellular tissue, there will appear locally, in one or both lateral vaginal culs-de-sac, a fullness which has a boggy œdematous feel. In a few days or a week later the culs-de-sac may be tense and full. The temperature in the meantime has been 102° to 104°, and the pulse proportionately increased. If there has been no involvement of the peritoneum pain will not be a marked symptom, and tympanites will usually be absent. The exudate which has taken place may be absorbed or become seropurulent, forming an abscess; the latter result occurring in about one-fifth of the cases. These abscesses may be opened above Poupart's ligament or through the vagina, without entering the peritoneal cavity; or, if left to themselves, may rupture into the rectum, bladder, vagina, or abdominal cavity. Occasionally they burrow to distant points; I having seen one that reached the diaphragm, while cases have been reported that perforated the lung and pleura.

Pelvic peritonitis may be induced by a leakage of the lochia through the fallopian tubes, an extension of an endometritis or a cellulitis, or absorption through the lymphatics. In any case

the tubes and ovaries are apt to be involved. Pain and tympanites, often accompanied with nausea and vomiting, with a wiry, tense pull, are usually marked symptoms. The peritonitis is usually localized by an extensive exudate, which glues the surrounding organs together and offers a barrier to the offending material. Frequently this exudate fills the entire pelvis and extends into the abdominal cavity. The abdominal muscles are hard and tense, the uterus becomes fixed and immovable, and the pelvis is filled with a boggy or firm, unyielding mass. Should the exudate become infected a pelvic abscess results; otherwise absorption takes place, as in cellulitis.

As already intimated, the diagnosis between pelvic peritonitis and cellulitis, while clear in a small percentage, is obscure and impossible in the vast majority of cases. The difficulty is greatly increased by our inability to make more than a superficial physical examination.

Cellulitis existing alone is more often onesided, the pain less severe, tympanites less marked, the pulse less wiry, the stomach less irritable, and the exudate less extensive. Nor is a differentiation in the early stages important, since the general treatment is the same in both. Far more important is it to differentiate a localized from a general septic peritonitis, since the latter demands immediate surgical intervention. The task is at times a most difficult or impossible one, since, not infrequently, a localized peritonitis gives rise to as high a grade of symptoms as the general. Extreme distention, high fever, intense pain, and persistent vomiting are by no means constant symptoms in general septic peritonitis. I recall two cases in which none of these symptoms were prominent, and the only marked signs present were the rapid thready pulse and the peculiar facial expression.

As it is impossible to tell, at first, whether puerperal pelvic inflammation will end in suppuration or resolution, and since the latter takes place in the majority of cases, it is wise to begin the treatment on the expectant plan. In every case of puerperal fever the genital tract should receive the most careful inspection, and the source of infection be removed, if possible. The uterus should be cleansed, and in the majority of cases the dull curette is advantageous. Only rarely, if properly used, does it result in harm. Intra-uterine douches are frequently of service, and in some cases a gauze drain. Large hot vaginal douches, of a saline solution, should be frequently repeated.

A most important, but too often neglected, adjuvant, is the clearing of the intestinal tract, which should be evacuated daily by an enema or a mild saline cathartic. Hot compresses or ice bags should be used over the lower abdomen; they control the pain-and, to a certain extent, the in-

flammation and fever. Should the symptoms persist in their intensity, for three or more days, or should the pulse remain high after the abatement of other symptoms, it is probable that suppuration has occurred and exploratory vaginal or abdominal section is indicated. Pus is to be evacuated and drainage instituted. The tubes, ovaries, and even the uterus itself may require removal when hopelessly diseased, or when furnishing a nidus of further absorption of toxines.

## "DADE'S" CASE.\*

By R. B. LEACH, M. D., St. Paul, Minn.

Fo one who has read the distressing case of "Privy Secretary of the Chancery: Klockenbring of Hanover," the following case of "Dade," or Miss Jennie B., will prove interesting, though to us of America, this case must, of necessity, appeal more directly to our hearts, while we congratulate ourselves that Hahnemann left us his description of the great Chancellor as a criterion of what similia could do for the "worse-than-dead fellow-beings" who occasionally appear amongst us.

Dade "—or, as we now lovingly know her, Jennie—was found on the streets by a good woman of St. Paul, whose business is keeping a home for destitute girls; a place where the girls find shelter and food, for which they repay their savior by washing and ironing such family

clothes as their protector may obtain.

Being in need, just at that time, now more than two years ago, my wife appealed to this good woman for a servant, and was shown "Dade." There could be no recommendation of this individual—it would almost be sarcasm to call "it" a woman—as nothing was known more than the mere fact that she had been found wandering the streets—the most distressing object, almost, possible to find: a living exemplar of that pathetic muse, "Nowhere to roam, none to caress."

Just as "it" was, however, my wife accepted, because, at least, "it" could be utilized in scrubbing floors and washing dishes, though the first job must be a thorough scrubbing of self. To obtain this last was easier believed in than accomplished, for the girl seemed afraid of water. Together, though (wife and I), we got her into the bath-tub and cleaned what there was left of a once probably lovely human being.

At this time "it" weighed less than seventyfive pounds, and looked more like the pictures of starvation in India than any other thing, except

\* Read before the Southern Homeopathic Medical Association.

similar cases taken during Weyler's career in Cuba.

"Dade" knew nobody; nobody knew "Dade." We felt that we had a case sure enough and, together, decided to watch developments. It was

worth all the trouble.

How long "it" had been sick, what numerous and sundry kinds of physic "it" had taken, I can never tell. "It" could never tell when "it" came to me, and now that memory and loveliness of mind and body have both returned, and "it" is a most welcome and loved member of a loving household, all the past seems a blank, and I make no more effort to find out what would or could not now be of any use.

Whatever caused this condition I can never tell, and there is nothing recalled by "it" except that once "it" owned property, inherited,

and that gradually all disappeared.

There are a few clews, and these I will give to

the best of my ability, as I got them:

"All my life," says "Dade," "I have 'carried a chip on my shoulder,' so to speak, just before the menstrual period. I always wanted to fight someone, and this I suppose you know from your wife. But whenever you looked at me, at these times, I felt as though hypnotized, and 'caved' at once. Didn't you hypnotize me? After the menses begin I always feel just lovely. I used to loan my money to anyone who happened to ask for it, and I do not remember any of them now."

The conditions we noticed were about as follows:

Whenever Mrs. L. desired to talk to "it" she had to take hold of some part of "its" garments, else "it" would run away. This, of course, was only discovered and practiced after some experience. If sent to the kitchen for anything, "it" was just as likely to go to the cellar and stay there until called back, or to go into the cellar stairway and sit there until recalled, or to return empty-handed, as "it" was to do what "it" was told to do.

Before learning how to handle this case my wife's experience was something to "talk about," and indeed the case was for a long time the "talk of the neighborhood." People wanted to know how we could "stand" such a "thing" about the place. Almost everybody asked us: "Aint you afraid of her?" "Aint you afraid she'll do the children harm?" Somehow we never had any fear in that line at all, and, thank God! the fears of the neighbors were never materialized; and to-day one more of God's own lovely women lives to grace a household where she is appreciated for her loving-kindness and gentleness to all.

On July 30, 1897, this same "Dade" wrote to one Dr. O. G. W. Adams of Dubuque, Iowa, and the following is a true copy of his letter of reply:

"Miss Jennie B---,

"Des Moines, Iowa,

"Thine to hand and contents noted. I find thee has Blood Nerve and Seminal and Ovarian and Uterine weakness Kidneys Liver Spine Head Heart Lungs and Stomach and Catarrh and Neuralgia thee can be Cured—

"It will cost thee Five Dollars for two months

medicine.

"Registered Letters, Money Orders or Express Orders at my risk. All medicine sent by

Express.

"Write Post Office address, County, State and nearest town with Express office plainly, to avoid mistakes. In ordering medicine return this diagnosis. No medicine sent unless money accompanies the order. References from every State in the Union. All letters must be accompanied by five two cent stamps.

"O. G. W. Adams, M. D."

Now, my colleagues, what would you-all have diagnosed such a case? You know, our allopathic fraters must first have a diagnosis; a name for the thing they are about to treat; what do you suppose they would call this case, as diagnosed by O. G. W. Adams, M. D.? Night after night, after all others were in bed, my wife and I would steal down the hall to "Dade's" bedroom door and listen to her "ravings." She always went to bed as soon as the sun set. She never wore anything more than a cheap wrapper which my wife would have to buy for her, as she never put her foot outside our doors from September, 1898, to May, 1899; never mended anything that was torn, slept in what she wore during the daytime (that is, when she slept at all, which we never caught her doing during the first two months at our house); never took a bath (unless my wife and I pushed her right into the water); and jumped and rolled and tossed until the woven wire springs (two different sets of them) were sprung down to the floor, leaving a pocket, so to speak, into which she would slide for rest. She would pat her breast and puff and blow like a porpoise, if anyone spoke to her, and at the same time tried to detain her long enough to give an order. She left her dishes until she got ready to wash them, and, oftentimes, until next morning before she would do what was wanted, unless my wife or myself would look her in the face and give a stern order that they must be done right away. and then staved to see that the order was fulfilled. She would, at first, leave her money around anywhere; and one time my wife found the baby playing with a five-dollar bill, and she was just caught trying to throw it into the fire. After this we had to keep her money and give it out in little dribs, daily, that she might spend it on the

children—give it to them for candy for herself and them. Candy seemed all she cared for, but she would go without it rather than go outdoors to get it. She tells us now that she only wanted to die. She was never cold and could not get cold, and she hoped she would die in consequence, by going without any clothes. She was so dirty in her habits that she would actually have smelled, had we not made her bathe.

At the menstrual period her odor was something awful. The menses were dark and stringy and clotted; her skin looked dirty and yellow; and her eyes weak and inflamed. She seemed afraid of someone (whom, we do not know, and she does not know); now we know she is afraid of nothing on earth, for, while many servant girls have recently been "held up" and robbed, she goes out when she pleases, and laughs at the idea of any man daring to "hold her up." She has always shown a haughty disposition; yet is tender and loving and kind, and is, to me, like a faithful dog; allowing nothing to be done for me that she can do, and talking of no one but me.

One of my friends, a distinguished attorney at law, who has watched this case from the very beginning with a great deal of interest, after seeing the above diagnosis by "Dr." Adams, decided to see what said doctor would say of the lawyer's case, and accordingly, on March 3, 1900, addressed the following letter to him:

"Mr. Dr. Adams:

"I onct was live in Mo., and you did onct cure a friend of mine. I have much sickness and have powerful misery in my lites and kidneys. Tell me what ail me & how much medicine I must take and what you charge and i will send you the money. I am porter here. This is the Astoria Hotel.

" Ed. Tomsen.
"Porter Astoria Hotel."

To this epistle the "doctor" at once replied as follows:

"Dubuque, Iowa, 3-14-1900.

"Mr. Ed. Tomsen,

"Astoria Hotel, St. Paul, Minn.

"Thine at hand and contents noted. I find thee has to send me a lock of your hair to diagnose your case by & then I can tell you what your troubles are.

"O. G. W. Adams, M. D."

To this my friend answered as follows:

" Mr. Dokter Adams:

"I have receive your letter more than one week. You say you like have some my hare & i

now send it in this letter what you believe ale me sum dokter think i have gall stone what you think & how long before I get cure from you i still work as Porter in this hotel.

"Ed. Tomsen.
"Portre Astoria Hotel."

To this Dr. Adams replied as follows (note the similarity of this to Jennie's case):

"Dubuque, Iowa, Mar. 24th. 1900. "Mr. Ed. Tomsen, Porter,

"Astoria Hotel, St. Paul, Minn.,

"Thine at hand and contents noted. I find thee has Nerve Blood and Seminal Weakness and Rheumatic Neuralgia Kidnevs Liver Spine Head Heart Lungs and Stomach and Catarrh and fluids of thy body all reduced and thee can be cured— It will cost thee Five Dollars for two months medicine; etc.

(Signed) "O. G. W. Adams, M. D."

Now, my colleagues of the Southern Homeopathic Medical Association, what was the matter with "Dade"? (This, by the way, is the name given her by our baby, Regina Lu Lec.) I never tried to diagnose this case; I watched it for at least a month before giving a single prescription, and then gave one dose of sulphur the 52,000th and waited. After about a week, things seeming at a standstill, I repeated my sulphur and again waited. I knew that I had a good case; a case well worth giving the utmost attention to, and one not demanding a diagnosis. No one but my own family took any interest until results began to show; then the neighbors began to talk. One particularly garrulous old Irish neighbor used to pinch my patient on the hips and say, "Och, me gurrel, you're paddin, so yuh air "; to which Jennie would reply, "Not a bit of it: that's Dr. Leach's little pills;" and so it really seemed.

To make this story short: I gave Jennie, during two years' care, not more than one dose of what I believed to be the indicated remedy once a week; and, to-day, she weighs 160 pounds; is plump as a partridge; has fully developed mammæ (which she tells me she never before had); beautifully curved neck; a pleasant word for everybody at all times—no more "chips on her shoulder"; menstruates regularly and normally; has a lovely disposition; and is the very pride of the entire neighborhood, where she is known as one of the most charitable ones—always on the "lookout" for someone to help with her money, and, if sick, to send to "my doctor."

This lady is now twenty-three years of age, blue-eyed and fair-haired; with a perfectly normal mind and body; an indefatigable disposition for good, and not any of her former haughtiness, and is one of the most frequent ablutionists in

the whole household. Cleanly in mind and body where, formerly, dirty in both.

The remedies indicated in this case, and the only ones used during the entire cure were sulphur 52,000th; lachesis 1000th; calcarea carbonica 200th; mag. phos. 6x; and bryonia 6x. These particular potencies were used because on hand; the bryonia was used only twice, and then only to relieve headaches apparently caused by ironing, with almost instant relief.

#### AS TO AUTHORS, EDITORS, AND WRITERS.

A browsing in the ad, pages of the Medical Visitor for its holiday number, and a study of the several faces therein so graphically depicted as authors and writers in the ranks of our school, causes a passing wonderment, as to the amount of homeopathy contained in most of the output of our alleged homeopathic press for the past few years. These men, whose photogravures are posted in the advertising pages, are authors of books uttered or handled by the Pharmacv Company which also gives the financial sinews to the Medical Visitor; and most of the books have been reviewed in our columns from time to time and are worthy additions to the homeopathic bookshelf.

But we recur to our question: how many homeopathic books of the past few years are worth retaining on the shelf, except as their gaudy bindings and the contained pictures may serve to full the waiting patient into a sense of the wonderful knowledge stored in the head of the owner of all these linear feet of books? How many of these are printed for revenue only, or for personal advertisement only? "Of the making of many books there is no end." Yea, verily. Paper and printing and binding are so cheap nowadays. Almost any man can sit him down in a fairishly well-stocked medical library, and, with the aid of a good pair of seissors, a glue-pot, and kodak, prepare a modern text-book; in a few instances a visit to the anomalies and monstrosities bottled in the British Medical Museum may lend a bit more of local color and erudition to the "original" text-book. Yet, still, how many of them are worth the paper they despoil of its virgin cleanliness and innocency? How many of them represent anything but Little-Me-Too echoes of Made-in-Germany fads and fanciesexploited by little two-by-four professors in alleged medical schools: how many of them are the output of men who are not and have never been, able to practice medicine except upon paper: men who are lamentable failures as doctors; who write books with a pitchfork, in the leisure of a paid position, either in some college or

pharmacy, or in editoring, or what not? These are some of the most prolific of authors—Heaven save the mark!

A busy medical practitioner, one who comes in hourly contact with humankind at the bedside; who is a student of human nature; who notes the constant changes in the human family from year to year and the ever-changing aspect of even the most commonly understood diseases; who learns from bitter experience to change his remedies with the change in the times—that man, when he writes a small book, is appreciated and his work extolled to the sky. A diplomaed man in Medicine, who is nothing but a teacher, or editor, or author, or mayhap an editor or an essaysmith, has no business to fill the book-market with his alleged books, and thus derail ambitious young men who are on the alert for good books. If you are a practical man, depending upon your practical knowledge of a practical profession—one giving you bread and butter, and to your wife and family the same or a little better—when you want to buy a book, first learn the practical, professional standing of the author. Refuse, out of hand, to buy any book, no matter practical, professional standing of the author. looks in a modern half-tone engraving, plastered all over the advertisement end of a trade journal, unless that author is noted for something along the line of work in which you are engaged, or in which you desire to perfect yourself. You can get your theoretical information just as well as the mere bookmaker, and from the same original source. It does not matter how many initials he may legally add to his name on the title page of his 'steenth edition. He is palpably and obviously not the man after whom you want to pattern in order to be successful in your work.

It is one of the deplorable facts of the homeopathic profession that so many of our books are written by idle men, or those who need such bolster for attaining a little passing advertisement. Take our materia medica books in instance, and, excepting most honorably and conspicuously the works of Dewey, and one or two others, how much beside has issued from the busy press that has not, in recent years at least, been a mere rehash of books which are in their original selves infinitely better and clearer in their instruction, and necessarily and wholly free of the modern craze for improving Homeopathy, and thus marring the text with alleged scientific trimmings and truck and technique? The same is equally true of the specialties of surgery and gynecology, and eyes-and-ears and other isolated departments. How many of these latter books have we in the homeopathic school that are not "lifted" almost bodily out of the literature of the other schools, and palmed off on our school as, and for, homeopathic textbooks? And see how the homeopathic (?) colleges fall over each other in their greed to introduce these and the out-and-out old-school books into their curriculum instead of the product of accredited Homeopaths. There is surely far less danger of a homeopathic student going wrong if he purchase or consult the original Skene or Pozzi or Moulin or Wyeth, and apply his former knowledge of Homeopathy to the remedial side; instead of following after some of our hermaphroditic authors who obscure instead of clarify the field of vision for him.

Among this lot of Chicago Professor-authors -to come back to our original mutton-there are many most excellent teachers, because successful practitioners and operators; then, again, there are others—who are neither the one nor the other; and who, like the girl who couldn't sing, but would sing, shouldn't be let sing. It is not difficult to learn who of these men, and others advertised, are fit leaders of ambitious homeopathic students and practitioners; and who are not. Put your money on that man who deals in practical things, even though his book be small and his language not as refined and polished and redolent of rhetorical flowers as that of the literary hack who has naught else to do but study un fine words. And religiously skip him who has no reputation except that of a bright and incisive writer, talker, or possible consultant.

## PRESIDENT NORTON'S GREETING.

The Annual Address of Dr. A. B. Norton, the new President of the American Institute of Homeopathy, is a fine document and rings out upon the new year and the new century with clearness and concentrated force. His reference to the paucity of numbers in the Institute, in comparison with the whole number of professed homeopaths of the United States, ought to carry home to each Institute member the conviction that he should do his best endeavor to bring another one or two more professional people within the circle of influence of this grand old Institute. President Norton carefully and justly reviews the homeopathic situation, and his words are timely and to the point. Everybody turn to and help make the Institute the tower of strength it was, when the profession vet lagged and halted: some of the newer and later additions to the profession were made possible only because of the long and persist-

ent and successful battle which the Institute waged for homeopathy. But the accessions to the Institute from the numbers of professional additions has not kept pace with the power wielded in their behalf. Someone ought to labor with the lukewarm ones and show them that, except for the labors performed for them by the Fathers of the Institute, neither they nor their immediate successors would to-day in all human likelihood be able to practice homeopathy unmolested. If the profession of homeopathy generally would fly to the aid of the Institute very soon the old-school dominance in Army and Navy matters, and in other coveted public institutions, would soon cease entirely, or be so severely moderated and modified that the dominance would be broken in two. Does not the homeopath understand this? It is because he holds himself aloof from the one concentrated power that could effect his success in these and other matters, that he is compelled to be the butt of the old-school doctor and his patients. Come out of your selfish shell, Mess. the small-minded homeopath! There ought to be some gratitude about your raiment to the Institute for the possibilities it has given you of following your professsion in fair peace and comfort. Come to the aid of your paternal Institute, and help with its help to break down the remaining barriers between yourself and complete public recognition. The American Institute of Homeopathy stands to homeopathy for all that is good and pure and progressive in the profession. The few dollars which it exacts for membership is well paid for in the values it bestows upon its children. Talk like this to your next homeopathic neighbor, and see if he does not see it in the proper light.

# SERVED 'EM RIGHT.

Reading the editorial explanation of Editor Pierson of the Hahnemannian Advocate, following a mildly indignant letter of protest from Dr. Eldridge C. Price for having printed a paper of the latter without his express permission, and adding a mistaken title to his name, provokes us to say that it served 'em right, both of 'em. The paper in question was sent to the Southern Homeopathic Medical Association at its recently convened and adjourned meeting, was given to

Editor Pierson by the officers of that Association, and by him printed in his journal.

It is an undetermined question whether a paper presented to a medical society, and by it accepted and presented, continues to be the private property of the author. If his ownership lapses by reason of its acceptance and use by the Society, then that Society may certainly do with its own according to its own pleasure, so long as it does not do injury to the paper or to its author. No author can contribute a bouquet of rhetorical flowers with a string attached; nor can he plead the absence of a compensatory quid pro quo, for he receives good and substantial value for his labor in the advertisment of its adoption and reading by the Society to which it has been offered; and in the further exploitation of the same, without charge to its author, in the pages of some good homeopathic journal. If this ownership does not so lapse, then may one ask why it is sent to the Society? The American Institute of Homeopathy, with its usual far-sightedness, foresaw this difficulty and provided for its possible happening by a by-law. The American Institute of Homeopathy, however, has a regular chronicle in which its papers are published. The Southern Homeopathic Medical Association has none. It, therefore, adopts the next best thing; namely, the impartial distribution of its papers among creditable homeopathic journals. What wrong was done? Dr. Price says that the paper was promised to another journal; but no notice of this was written on the paper or given the Association. He should have prepared the paper in duplicate; for the copy sent to the Southern Homeopathic unquestionably became the property of that Association.

The second gravamen alleged is the addition to his name of the title "Professor of Materia Medica, Southern Homeopathic Medical College." In this regard we consider Editor Pierson most guilty and deserving of any correspondential wrath or editorial castigation which Dr. Price may mete out to him. The addition of a long string of titles to the name of contributors in a medical journal is the veriest of nauseating vanities on the part of the editor. Another journal of our school does this same "hogwash" act with its contributors: every possible title is rubbed up and drummed up for the carpet-knight author of some measly two-by-four paper, hauled in

by the tail and added under his name in the form of a vanishing pyramid:

# THIS LONG HIGHFALUTING PAPER ON NOTHING.

By A HOMEOPATHIC M. D., A. M., LL. D.

Member (by the Grace of Gall and Suppression of Truth) of the British Gynecological Society (Allopathic); Professor in Extraordinary of Biology and Psychology, in the Homeopathic Medical College; Surgeon-in-charge of the Hysterectomy Hospital in Hoop-pole Street;

Author of "How I Became a Homeopath (Limited);" Editor of the Monthly Medical Bazoo; Lecturer before the Y. M. C. A. on Moral Hygiene and Physical Dietetics; Communicant of the Baptist Church and Superintendent of Sunday School; member of many other learned bodies at home and abroad etc., etc.,

We lack but the telephone number and the office hours to make the thing offensively, disgustingly flagrant and fragrant. One of these adulating journals goes so far as to print all this "truck" in its Index of Contents for the Year!

A paper which is worth reading will not need the addition of a generous segment of the alphabet, or the encomiums copied off a lying mortuary tablet, to enhance its value. And, per contra, a paper that is not worth the reading will not be saved by the painful parade of meaningless titles and degrees, any more than it will be helped if the introductory paragraph be embellished with a half-tone photograph initial of the author. We give Dr. Price credit for objecting to any title-line after his name in a contributed paper. The titlepage of a well-written book is the proper piace for this vanishing pyramid of titles and titular greatness.

As a practical profession, especially now in this intensely practical age, when we are prepared to measure and weigh the minutest of microbes as well as the malodorous smell in the back yard, this affectation of titles so easily won and so loosely worn is an unpardonable offense against the canons of good sense and good taste. Yes, sir: It served 'em right; both of 'em.

### THE INSTITUTE'S DILEMMA.

We are greatly pleased to find that at least one other journal of the school has come to the rescue in condemning the proposed meeting of the Institute at Niagara Falls, and counseling more care and thought in the selecting of future places of assembly. This is the rehabilitated Medical Century, with Dr. W. A. Dewey as the man behind the pen. Dr. Dewey makes a number of seasonable suggestions, many whereof had escaped us in our effort to plainly portray the unfitness of the proposed meeting place and yet remembering that Truth beareth ever the Victory.

We have been given to understand that the one and only journal of the school which advocates the meeting at Niagara Falls, despite every palpable reason against such continuance, has not offered a single argument in favor of its untenable position; but banks wholly upon the "constitutionality" of the vote, the "shame" of it, and the "undying wrong," if that Institute by its Supreme Revisory board, its final Court of Appeals—the Executive Committee—should discover, a few months following the hurrah-proceeding, that the place indicated at the closing session of a soon-to-be-adjourned Institute, was totally unfit for a calm, and profitable, and healthy meeting of that Institute. This is all; and this will not suffice for inflicting a great wrong on the Institute. The Executive Committee is a higher tribunal than the scattered political vote on one of the last days of the session. It is not swayed unduly by the cheap forensic abilities of the pettifogging lawyer before the petit jury. The eloquent and temperate editor of the Medical Century points out that many important measures are sometimes sprung in the dving hours of the Institute's session—when the greater part of the Institute membership is dispersed, packing its trunk, raising the mortgage, and lifting the interest on that hotel bill, visiting the city, jaunting down the stately Potomac, or en route for home in the belief that the proper business of the Institute had been transacted, namely the "improvement of Homeopathic Therapeutics and all other departments of medical science." deed, it is an old, time-worn and moth-eaten "gag" in parliamentary practice—that of lulling the membership into a feeling of security and forgetfulness, then, at a preconcerted signal, in the absence of the real powers of that deliberative body, spring some fanatical, faddish, personal or political question, which (being passed by the politicians plus a remnant handful of the unthinking or easily led), when ultimately disclosed in the printed Proceedings months thereafter, fills the membership with amazement and indignation. Every member of the Institute who was present at Washington when the vote on the place of meeting was taken, recalls that it was done in a hurrah-moment; and that if that same vote had been taken five minutes sooner the Institute would have been billeted on Montreal, where, for many obvious reasons, it would have been equally as inappropriately docketed. The vote was not the true expression of the Institute. It was a

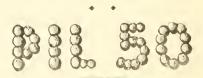
manufactured, sentimental vote, led up to and precipitated by a half-dozen or more interested members who have done more to fasten upon the Institute the stigma of political machine methods, than they have done of anything else that might redound to their own or the Institute's glory. And these same master-minds are now striving by a frantic and hysteric waving of the "Constitution" to save their pet bantling from being destroyed and thrown out bag and baggage by a calm body of representative men of the Institute—the Executive Committee.

The fact of the matter is that the selection of the place of meeting has no more business to be put to general debate than has the election of officers. Long ago the Fathers of the American Institute—Dake and Talbot and Ludlam and others—saw the sweet unreasonableness of this matter being submitted to a popular debate; hence they placed it with the selection of names for officers in the hands of proper committees. The election since then has been a matter of peace and quiet; the hurral politicians with the silver tongue having their innings without the tiler's door, and no longer possessed of power or influence on the floor itself. But the committee on selecting a place of meeting, for some reason best known to itself, evades the plain spirit of its own creation, and thrusts the responsibility of choice upon the remnant general membership. And thus the trouble has arisen. For did we not have a like squabble about the meeting preceding? Did not a few politicians who had canvassed and wire-pulled in the smoke of the several smokers at Atlantic City, foist upon that Institute the proposed assembling at Cleveland—adding a rider which would most certainly have destroyed the McClelland monument? And did not the Executive Committee save us from the premeditated disgrace and so rescue the monument and the dignity of the Institute? Wasn't that a precedent to be remembered? Nothing was said then as to the constitutionality of the vote, and so

It no longer remains a mystery why certain of the membership are so hell-bent upon quartering the homeopathy-exploiting Institute upon Niagara Falls, in the vicinage of Buffalo with its admirable and, we sincerely hope, successful Pan-American Exposition. The usual ward political methods have already been invoked. A Bureau of Correspondence has been established. The country is being "papered" in the interest of certain persons. We have seen letters which take the cullerd genmun out of the woodpile. There is method in this seeming madness—in this tearing to tatters of the sentimental and constitutional rag in the one and only journal, and in these private letters. Not without motive is the wish to place the Institute where counter-attrac-

tions will surely decimate its meetings. Not without ulterior purpose is the putting of the Institute in the center of a political district filled with populous and friendly communities, where efficient help may be expected, demanded, and secured when the election morn dawns. no politics in this move, none whatever. Perish the thought! Still, two noted college-workers are carefully taking down old and putting up new lightning-conductors, double gilding the tops, and wetting the base, in the hope, the one, of securing a bolt for president, and the other a stroke for general secretary. There was no politics at Atlantic City two years ago; nor was there any at Washington last year! The same outfit is at work this year. And if the Institute doesn't watch out there will be trouble for its real membership.

Let it not be forgotten—and we are conscious of repeating an old argument and wearing it out —that the first duty of the Institute is to itself; that the Institute is not for the benefit of the politicians, but for the advancement of Homeopathy; that if that Institute desires to survive it must deserve life; that if it permits the political Warwicks and other politico-medical gents to mold and direct its destiny, the day is not far distant when the shutters will be put up, and the Institute of our fathers will be to us and our children only as a memory and a stench! Small wonder that this tidal wave of indifference has swept over our thirteen thousand homeopaths concerning the value of membership in what should be the banner medical organization of the world! Small wonder that the impassioned appeals of president after president fails of awaking but a transient interest for new membership. Small wonder that in some of the faculties of our homeopathic colleges safe harborage is found for professors who do not hesitate to avow their indifference for the parent body, practically exemplified by never having joined with it, or having permitted their former membership to lapse! Out with the political tricksters who care nothing for homeopathy or the American Institute, but only for themselves, and the apportionment of the loaves and fishes!



#### What Kind of Homeopathy was Taught?

Again we turn to the Monthly Bulletin of the Rhode Island Board of Health, referred to in our last, for a good starting-point for some thoughts on the above subject. We read there

the remarks of Dr. Swartz of Rhode Island, a "regular": "The Rhode Island board is composed of two homeopathics (sic) and three regular practitioners, but the question of school has never come up in any way—not even in the form of difference of opinion in regard to questions in examinations. In fact, although the questions submitted in materia medica and therapeutics are of a character which would be considered as of the regular school, yet these questions have always been successfully answered, and sometimes more satisfactorily by those applicants which came from homeopathic schools."—The

Hahnemannian Monthly.

[The editor of this always elegant journal indulges in some severe criticism concerning the lamb-like acquiescence of the two "homeopathics," and as to the nature of the questions put to all applicants; when, according to the official report, they were answered better by the homeopaths than the allopaths. But that which interests us most is the third cause of criticism: namely, the form of teaching which these homeopathic applicants to the Rhode Island State Board must have received in their several alma maters. And here we fully and most the Hahnemannian. heartily agree with Does not the evidence carry conviction that the materia medica partook of the allopathic kind rather than of the law of similars? Now hear these words of wisdom in pictures of gold: "Homeopathy has no right to exist except as a sect, if it cannot prove its claim to represent a distinct advance in therapeutics, based upon a materia medica peculiar to itself and governed by a scientific law. That part of the materia medica which is the common property of all schools must be taught in our colleges; but, unless its peculiar application to therapeutics according to our law be also taught, our colleges are not, and should not be, called homeopathic. We are then 'trading upon a name,' and rightfully expose ourselves to the charge of false pretenses, so often brought against us. Let us teach regular therapeutics if we have time, but let it be by way of contrast and to show a better way. Our students have a right to demand of us a homeopathic materia medica and therapeutics above everything; all else they can find in other institutions; and thither they will go if they do not receive from us what they had reason to expect. . . . Homeopathic therapeutics is something more than an ornamental frill on the motley garb of "regular" scientific medicine, and should be

of mixed examiners." And has not this been our insistence for years —that the homeopathic materia medica was not taught, or not properly taught, in many of our pretended leading homeopathic colleges? In-

recognized in the questions asked even by a board

deed homeopathy is something better than a tag on the vandyked garb of allopathy. But how many of the modern homeopathic professors so regard it? We had a good deal of talk with materia-medica men while attending the American Institute of Homeopathy at Washington. These men are honest in their intent to teach the proper thing; yet they admitted failure to reach the class because of the interference, direct or indirect, of the other members of the faculty. No. Homeopathy is not being taught as it should be, or as it would be if Hahnemann were here today—and had added to his former knowledge of drugs all the other alleged advancements made since his day. The Law of Homeopathy, like the Law of Gravitation, is not susceptible of improvement. It is or it is not. Homeopathy is tolerated in many colleges because of the sectarian name; else the students seeking allopathic medicine would go to the fountain source and not fritter away their time in a pseudo-homeopathic school, where they got neither allopathy nor homeopathy, and were obliged, as in one historical instance, to go over in a body to a local allopathic college to unlearn the hybrid old-school doctrines and become full-fledged allopaths. The Hahnemannian is right. The fault of this lamb-like conduct of affairs in Rhode Island lies in the college from which these applicants hailed. There is no doubt of that. How shall it be changed? By casting out the money-changers from the Temple of Homeopathy. For that is what many of them have become in the years of self-seeking and politics and technique which have followed in their wake like uncanny shadows. And if these hermaphroditic colleges do not themselves feel and see the need of the pruning knife, then let the profession take up the matter and withhold students; sending them to those of our first-class homeopathic colleges where homeopathy is a leading card. Unless we do this, we are undone.

### Entertaining and Effective. If not Very Elegant Language.

The following interesting dialogue took place recently in one of the lectures. The internal evidence will inform the upper-class men which lecture it was:

Student.—" How many questions shall you ask

in the 'exam.,' doctor?' Professor.—" Just as many as I d—— please."

Manifold.—" Can we answer just as many as we d--- please?"

Professor.—"Yes; and I'll mark as many as I d—please." (Great applause from gallery.) The Chironian.

[From which one may infer that the faculty had better incorporate a department of the Y. M.

C. A. in its college building, and compel this gentle-mouthed "professor" (?) to attend long enough until he imbibe somewhat of the responsibilities of a Christian gentleman as well as a professor in a medical college. Happily we do not know who this profane professorial party was, or we might have something else to say; it emphasizes, however, what we have several times said in these pages: that there are a good many "professors" in the modern homeopathic college, who ought to be taken up into a high building and dropped from a back, hall-room window to the asphalt pavement a hundred feet below. Their continued retention, despite of notorious lapses in morals and gentlehood, and transparent lack in educational ability, lends color to the suspicion that they are retained in that faculty because of "pulls," and not by reason of distinguishing merit. "Raus mit Ihm!"]

# Book Reviews.

Electro-Therapeutics and X-Rays. By Dr. Charles Sinclaire Elliott, Author of "Lectures on Nervous and Mental Diseases"; Professor of Nervous and Mental Diseases and Electro-Therapeutics in the Hahnemann Medical College of the Kansas City University; Consulting Neurologist to the State Insane Asylum, Fulton, Mo.; Member of the American Institute of Homeopathy; Member of the National Society of Electro-Therapeutists. Boericke & Tafel, Philadelphia. 1900.

Dr. Elliott states in his Preface that the longfelt want in this instance is to place before the student and practitioner a "materia medica" of electricity, and to bring it to them in such simple form as to make it attractive from the first instant of reading. We think in this regard the author has accomplished his aim, for the book, opened at any point at random, proves to be interesting and freed of the mass of hypothetical detail which disfigures so many modern books when the author touches upon some specialty. Every item of the electro-therapeutists' specialty is put before the reader in clear English, with as little of the tricks of the trade as possible; some few, of course, cannot be wholly dissociated from the subject. Dr. Elliott attempts to prove, and, we think, does prove his case when electricity seems to be the principal aid in the cure or correction of the patient. His treatise on the X-Ray is interesting from a purely literary point, even if the reader be not interested in electricity to the extent of using it practically. The book,

from beginning to end, is well prepared and indexed. It is cast in a charming, familiar style of composition. There is an evident purpose not to mystify the reader; but, on the distinct contrary, a wish to help him over the rough and doubtful places. The work is divided into therapentic departments, so that the practitioner may quickly turn to any special division and look up his treatment. This reminds us to say that a young man in this city, who had been employed to exhibit the wonders of the X-ray, after a period of several weeks discovered that his hand-that one in which he held up a stick of wood filled with tacks and nails, through which the patron was to look at the bones of his own hand—was becoming harsh and dry and felt numb and dead. He went to several physicians for help, for presently he began to feel the burn down underneath the true skin, and his hand turned purple and became intensely swollen. He failed of getting relief. No one seemed ready to take hold of so new a condition as the X-ray burn under these conditions. When we saw the case we believed that cantharis would be a good remedy, and locally we advised the poultice of antiphlogistine. Under the combined action of these remedies in a week's time the burn subsided, and the man is again able to go about his work. As to the book of Dr. Elliott, we like it very much and have pleasure in seeing it on our bookshelf, among our working friends and coadjutors.

Gynecology. A manual for students and Practitioners. By Montgomery A. Crockett, M. D., Adjunct Professor of Obstetrics and Clinical Gynecology, Medical Department, University of Buffalo; Attending Gynecologist to the Buffalo General and Eric County Hospitals. Series edited by Bern B. Gallaudet, M. D., Demonstrator of Anatomy and Instructor in Surgery, College of Physicians and Surgeons, Columbia University, New York; Visiting Surgeon, Bellevue Hospital, New York. Illustrated with 107 engravings. Lea Brothers & Co., Philadelphia and New York.

This pocket book of 351 pages is handsomely bound and printed, and its arrangement most handy and practicable. It is more in the form of an elaborated Quiz-Compend, but fails not of being a good and readable book beside. It follows the customary style of text-books, giving chapters to recognized forms of diseases and disorders coming particularly under this specialty head; and then, in turn, divides each chapter into the usual ætiology, diagnosis, treatment, etc. It is well illustrated and indexed, and for a small book, or for one to which quick reference is to be made, is excellent.

A Practical Treatise on Materia Medica and Therapeutics. With Especial Reference to Application of Drugs. By the Clinical John V. Shoemaker, M. D., LL. D., Professor of Materia Medica, Pharmacology, Therapeutics, and Clinical Medicine and Clinical Professor of Diseases of the Skin in the Medico-Chirurgical College of Philadelphia; Physician to the Medico-Chirurgical Hospital; Member of the American Medical Association, of the Pennsylvania and Minnesota State Medical Societies, the American Academy of Medicine, the British Medical Association: Fellow of the Medical Society of London, etc., etc. Fifth Edition, thoroughly Revised. Philadelphia, New York, and Chicago, F. A. Davis Company, Publishers. 1900.

This is not a homeopathic book and does not pretend to be such. But it is an honest endeavor to make crooked things straight before the oldschool student and to keep his feet from slipping. The author has a hard task before him. It must be difficult to work upon so many, many remedies which are to-day practically of but little use; for the modern graduate of the old school, as with the homeopath, is straying farther and farther from the path of his fathers, and not always in the direction of apparent improvements. old-school modern graduate led the way in the use of concrete medicines—medicines built upon assumed therapeutical lines; and the homeopath has given him a race for supremacy in that same field. The old school has an armamentarium but rarely touched, for its vastness and thoroughness of study and research, by either of the other schools. But to be a good old-school physician requires as much, if not more, hard downright study than the homeopath. For, as we take it (not being an allopathic student or graduate), where there is no law of proving and fixity of value as with us homeopaths; where every remedy depends for its efficacy in the hands of its proposers merely upon the say-so and assumed records in the case of a few thousands; it must be a difficult thing to hold on to it with surety and confidence. To us it has never seemed a marvel that the old school so generally takes to surgery, or to anything else that promises a passing notoriety and change from the hard lines of their materia medica. We in our school hear many complaints of the vastness and volume of our materia medica; and vet, when we compare the two systems, it is soon seen that we have a system which saves us from empiricism; that our remedies are proved along certain unerring lines; and that what was good in 1703 is as good to-day for the same conditions, and, will continue to be so to the end of time. We are not

liable to changes as is the other school. We are not governed by the fame of some one man or company of men, who recommend this or that drug for rheumatism or other assumed therapeutic indication; but we use our bryonia, for instance, for bryonia symptoms wherever found, and in all conditions and amid all surroundings. We think, therefore, that the allopathic author who attempts to work up an enthusiasm in his materia medica has an infinitely larger contract on his hands than the homeopaths. So we say that Professor Shoemaker deserves well of his brethren for keeping the light of the old school burning in his latest edition. The book itself. which has been reviewed by us before, and favorably, is a good one. A homeopath who wants to learn the action of drugs per se cannot go far afield in this book without bringing home some game worth considering. The first few chapters are given over to therapeutics such as we do not find in our materia medicas. The old school does not separate into different volumes these two parts of one subject. It tells how to select the drug needed, in what form, and what dose, and how often to repeat it; under what conditions, and so on, with all the practical details of the profession. It gives directions for making the necessary adjuvants of practice; salves, ointments, poultices, teas, soups, foods, and the like. It deals with all the details of the profession except the mechanical parts. A graduate may take this volume with him into his new field of practice and be confident of treating, according to old-school system, any disease which may call to him for aid. In this, as we have repeatedly said, the old school excels us. We try to tell our students what remedies do in the abstract, but we fail to mention the power or potency, the dose, the times of repetition, and the other important matters which our graduate cannot get until he falls into it himself in practice. The Shoemaker book is a valuable one from many points of view. Our students, such as have this book, or have access to it, will be astonished at the help it will furnish them when studying homeopathic materia medica.

# Globules.

—There lacketh but one thing further to make the sectional meetings of the American Institute of Homeopathy a success under the to-be newly tried plan—namely, a stout and resolute doorkeeper for each exit with a repeating rifle across his knees. It is quite one thing to arrange a perfect sectional meeting from the viewpoint of the Section in interest; it is, however, quite another to keep the general profession in that meeting, no matter how closely upon a general session the sectional session is called; nor how many eloquent appeals may be made by the President of the Institute or the Chairman of the Section. The real key to the bothersome question lies in making the sectional work so universally interesting and instructive that the general profession will stay as by first intention. But a specialist enthusiast, around whose specialty the entire medical world revolves, is rarely ever broad enough of vision to make his paper or his section of general interest.

—Dr. Kraft's office hours are in the afternoon from 2 to 6 o'clock.

—Dr. E. P. Swift, formerly of Pleasantville, N. Y., has removed to 170 West 88th Street, New York. His successor at Pleasantville is Dr. E. N. Wilcox.

—If you will address a postal to Charles Marchand, 59 Prince Street, New York, a three-hundred-page book entitled "Rational Treatment of Diseases Caused by Germs" will be sent free.

—In a popular lecture given by a medical man some time ago, he drew attention to an advertisement which at one time appeared on the inner cover of yellow-back railway novels, describing the advertiser's pills as "not fooling round like other pills" but doing their work at once.

—The Automobile in Country Practice is the subject of an article by A. D. Hurd, M. D., M. E., in the Medical News, says the N. Y. Med. Times of current date. Speaking from actual unbiased experience and after several years of close study and observation, he concludes that "the country physician cannot successfully use any antomobile now on the market to make his regular trips over average roads at all times of the year, and an investment made upon different representations will result in disappointment and failure." We would like to meet with a "country" physician in this country, or at least in this neck of the woods, who can afford to pay from seven hundred to twelve hundred dollars for an automobile. In our humble estimation he is about as rare as that impossible farmer in whom the comic stage and the cartoonist delight. We found that in a 4- to 6-inch yaller mud in winter, and in the summer the same depth of glass-bearing sand, an ordinary Columbus-cart with a hard spring and a soft-pulling horse, was about the proper thing. We counsel such exceptional 'country physicians" who are able, out of the frugality of their practice, to invest in automobiles, to wait a while longer until it is become more certain that the automobile will not break down even on boulevarded city roads and have to be toted home by a team of sarcastic-looking bob tailed horses.

—A work on "Mental Diseases and their Modern Treatment," by Dr. Selden H. Talcott, Superintendent of the Middletown (N. Y.) State Homeopathic Hospital for the Insane, has just been issued by Boericke & Runyon. This book will be welcomed by the profession.

—A new text-book is announced on "Special Surgery for Practitioners and Students," by Dr. Franz Koenig, translated from the seventh German edition, which has but recently appeared, by Arthur Hosmer, M. D., and edited by Christian Fenger, M. D. Herbert S. Stone & Co. of Chicago are the publishers.

—The following story is taken from the Re-

vue des Traditions Populaires:

"One day, said a dervish, in a Western land I was passing near a physician; patients were before him, and he was prescribing remedies for them. I went to him and said: Treat my ailment, and may God have mercy on you!" inquired for a minute as to my suffering, and said, 'Take roots of poverty, leaves of patience with myrobalan of humility; collect all in the vessel of certainty; pour on it the water of the fear of God; kindle underneath the fire of sorrow; filter with the filter of conscience into the cup of satisfaction; mix with the wine of trust in God; take it with the hand of sincerity, and drink with the glass of entreaty. Afterwards rinse thy mouth with the water of abstinence, refrain thyself from concupisence, and the most high God will heal thee—if such be his pleasure.

"The last five words may be commended as a model of prognostic discretion. As for the prescription itself, though it is already a notable example of polypharmacy, we think it would be improved by the addition of the bark of industry to the leaves of patience and the other simples recommended. Thus amended the prescription would doubtless have a wide range of usefulness, not only therapeutically but prophylactically."

—Dr. Kraft's next European tour will include Queenstown, Cork, Lakes of Killarney, Dublin, Liverpool, Kenilworth, Warwick, Stratford-upon-Avon, London, Amsterdam, Brussels, Cologne, The Rhine, Heidelberg, Berlin, Vienna, Venice, Rome, Genoa, Lucerne, Strassburg, Metz, Paris, and other intermediate points.

Will sail from Philadelphia, in July. Absent forty-five to fifty-five days. Terms moderate.

Apply early.

# The American Homeopathist.

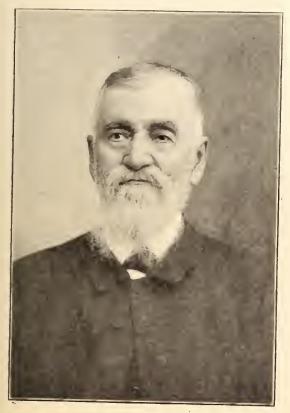
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# The American Homeopathist.

MARCH 1, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



B. A. WILDER, M. D., Sibley, Iowa.

If there is one thing more than another that has been piled up mountain-high against the poor, outcast general practitioner, it is his inability to diagnose diseased conditions, because he always hopes to cure everything—in homeopathy—with a single dose of the ultrahigh potency.

The corollary is, of course, that surgery, which has added so many, many things to

medicine in the past century, does better in the way of diagnosis, because it makes use of modern knowledge and modern instruments and the like.

But we have learned of two instances, recently (and know of others earlier), where the Mohammedan medical priest in charge of the Torquemada medical horror diagnosed, in the one instance, appendicitis, and in the other pelvic tumor: where, singularly enough, in the first instance he failed to find the appendix, but did find a sarcoma of the liver; and in the latter found another dangerous sarcoma, and of the same viscus: and that he cut into both. The wreath of autumn leaves with the purple ribbon told the rest.

Now this wasn't any of your small-fry surgeons or would-be gynecologists. This was one of the first order of eminence and ability.

At another time a tumor was diagnosed. (We beg our readers to forgive us for referring to a bit of triteness which is currently accepted as a standing medical jokes always happening in the life of an ordinary, high-potency general practitioner—because these latter gentry know nothing of diagnosis.) This eminent surgical scientific scimetar-wielder, after pow-wowing and paw-pawing for a costly space of time, in the presence of the patient and her husband, delivered himself of the oracular opinion that the protuberant something was a tumor of a certain grade and degree of malignancy and danger. On the morning of the fourth ensuing day, all other things being in readiness, and the surgeon's mind at ease, the tumor would be

taken away. But in the still watches of the night preceding that roseate morn upon which the tumor was to have been removed, lo! you, the patient saved His Eminent Ability the necessity by delivering herself. And it was hushed up. Although the belief was current then, and yet so lingers near, that the child was prematurely born because of the very thorough sounding done theretofore previously.

So we say with much enviousness and glee that we poor general practitioners have no cause to smash our high-potency bottles, and return ourselves to our former occupation, because, forsooth, once in a given while a patient dies despite our best application of remedies.

For do not even the surgeons and gynecologists—who belong to that wing of Medicine which alone has made wondrous advances—sometimes fail most ignominiously.

# Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. (See issues of January 1st or December 15th each year.)

#### Worm Kemedies.

Dr. T. L. Bradford <sup>9</sup> says: In vol. ii. of the Transactions of the New York State Hom. Med. Society may be found a short article by M. M. Gardner of Holland Patent, N. Y., on the varieties and treatment of worms.

I may say that I have for twenty-five years used his treatment and with excellent results.

Use the following remedies: santonine 1x trit., ipecac. 1x trit., veratrum album 3x trit., lycopodium 12x trit.

Put up three powders of each, numbering them in the order they are named. (Santonine, 1, 2, 3; ipec., 4, 5, 6; veratrum, 7, 8, 9; lycopodium, 10, 11, 12. Give a powder every night and morning in the order numbered.

As Dr. Gardner says, it seems to wake up the system of a child, and the worms are done away with and the general health is better afterward. For those most outrageous pests, seatworms, or pin-worms, I use the above prescription, and also keep the parts about the rectum thoroughly anointed with sweet or olive oil, for twelve days,

night and day. It gives relief at once and kills the worms that are burrowed in the skin.

#### Aspidospermine In Bronchial Asthma.

The following case is recorded by Dr. Jos. P. Cobb<sup>3</sup>:

Mr. II., age twenty-four, suffered with a functional heart disease for some time. There was considerable dyspucea, some cardiac enlargement, particularly of the right side, and a slight mitral murmur. Following this he gave evidence of emphysema and severe attacks of asthma. This, I fully believe, came as a result of the cardiac complications.

The physical examination revealed something of the barrel-shaped thorax, slight movements of the diaphragm, and prolonged expiration. Various râles were heard at different times, and the sputum had the characteristic "pearls" or rounded gelatinous masses.

The treatment of this case has been very unsatisfactory, and I have followed indications of all kinds, but could get no marked relief. Recently I have given aspidospermine 3x, I must admit from no definite indication, but, notwithstanding, there has been much relief.

I quote this case hoping thereby to get someone else interested in the study of this remedy in cases of asthma, and at the same time to watch it myself.

There are many remedies which we may consider with interest in cases of this kind. Valerinate of ammonia is very useful in conditions of neurotic irritation; under such conditions it readily overcomes the spasmodic contractions of the bronchioles. Hyoscyamus and hydrobromate of hyoscine act more on the cerebro-spinal system; hence, the brain and nervous symptoms are particularly pronounced. The functional symptoms are mild, but not persistent; with these remedies circulatory disturbances rarely go on to inflammatory conditions. With belladonna and stramonium we get decided cerebral excitement, even to maniacal extremes in the latter.

Lobelia is no doubt the most typical asthmatic remedy, but nausea and vomiting always attend the cardinal symptoms. Grindelia robusta is also a valuable remedy, but there is always great cardiac weakness, with extreme sense of constriction when lying on the back.

#### Crataegus Oxycantha.

Dr. W. E. Reilly <sup>12</sup> believes that the symptoms calling for cratægus are, as well as his observation can estimate, as follows:

Mental.—Apprehension, despondency, and general mental depression.

Chest.—Oppression of the breathing. Ex-

treme dyspacea on least exertion; cough dry, or with expectoration of glairy mucus. Sometimes

pain in region of heart.

Heart.—Usually more or less dilated, first sound absent or weak. Pulse rate very much accelerated, irregular, intermittent. Mitral regurgitant murmur.

Digestion.—Usually a nervous indigestion, with constipation from inertia of the lower bowel.

Appetite very capricious.

Nervous.—Usually very nervous and irritable, with pain in back of neck and head. Extreme exhaustion from least exertion, mental or physical.

Urinary Analysis.—Albumin and excess of

phosphates.

Limbs.—Œdema of hands and feet, with great

weakness.

All symptoms worse from exercise in a warm room and from mental exertion. Better from fresh air, quiet, and rest, mental and physical.

As before mentioned, I have never seen a proving of cratægus, and as a consequence the symptoms herein collated are gathered from the successful clinical exhibition of the drug in about one hundred cases and extending over a time limit of over two years.

These are the symptoms in only those cases

that were relieved by cratægus.

#### A STUDY OF BARIUM.

By T. G. STONHAM, M. D. Lond., M. R. C. S., Assistant Physician London Homeopathic Hospital.

Barium belongs to the group of alkaline earths, viz., barium, strontium, and calcium. It is the most poisonous of the three, though it is with difficulty that it penetrates the epithelium of the intestinal canal, and is therefore absorbed very slowly. It is stored up in the bones, and is excreted partly by the urine and, probably,

partly by the bowel.

Salts of barium, when locally applied to a muscle, cause it, when electrically stimulated, to contract, to describe a curve very like that caused by veratrine. The rapidity of onset and the height of the curve remain normal, but the duration of the curve is enormously prolonged. This effect is diminished by heat, cold, and by potash. Thus the contratile power of muscle is increased by barium, and the prolongation of the contraction favors the production of tonic contraction, when stimuli rapidly succeed each other. So that, when intravenous injections of barium are given, its action on the central nervous system sets up violent tonic and clonic spasms.

The action of barium on unstriped muscular fiber is even more marked. Very small quantities increase the force of the heart, and at the same time cause the muscle walls of the arteries to contract and so increase the blood-pressure enormously. The unstriped muscle of the stomach and intestines is thrown into violent contractions, causing vomiting and purging accompanied by active peristalsis.

In its action on the heart barium is in the group comprising digitalis, caffeine, and, in small doses, potassium and cuprum, in which there is stimulation, as shown by increased energy of contraction, the rate of pulsation remaining the same or becoming slower; while with a larger dose the stage of stimulation is followed by one of peristaltic action and final arrest in

systole.

It is a curious fact that potassium has a considerable antidotal effect on barium. Brunton and Cash have found that by feeding an animal withpotash for some time before administering barium, though unable to prevent the fatal action of a lethal dose, they were able to modify and diminish its action and prolong life.

A similar result takes place with regard to rubidium, which produces a muscle curve almost exactly like that of barium; yet, when the two are given together, they completely antagonise one another, and the characteristic curve no

longer occurs.

Barium is found in some mineral springs. It can only occur in waters which contain no soluble sulphates, as these at once precipitate it; and as most mineral springs contain these, the presence of barium is somewhat rare. It is, however, found as chloride in the waters of Llangammarch Wells in Brecknockshire, in association with the chlorides of calcium, sodium, and magnesium, and also in the strongly muriated waters at Kreuznach, in the chloride of iron spring at Harrogate, and combined with sulphur in the old sulphur well at Harrogate. Our knowledge of the pharmacodynamics of barium is obtained from records of poisonings and provings by three of its salts the carbonate, acetate, and chloride—recorded in the "Chronic Diseases" and in the "Cyclopedia of Drug Pathogenesy." No marked difference has been observed between the three salts, and they have been used interchangeably; but perhaps the chloride has a more marked effect on the arterial system than the other two.

The influence of barium is greatest on the nervous system and the circulatory system, and

we will consider these first.

(A.) The Nervous System.—The mental symptoms are anxiety, dread of men, cowardice, forgetfulness, loss of power of attention, loss of wish to play. These latter symptoms have been

used as indications for the use of barium in backward or stunted children. But the mind remains quite clear, and there are no delusions or hallucinations, and there is full consciousness

almost up to the moment of death.

The force of the poison seems to fall on the upper motor neuron, from its origin in the cortex to its termination in the motor cells of the spinal cord. There is no loss of sensation, and reflex excitability is increased, so that the lower neural arc is unaffected, as is also the sensory tract in the cord.

There are painless twitchings of muscles, cramps in calves, legs, and toes; sometimes violent convulsions which terminate life—symptoms due to irritation of the upper motor neuron; but more generally the symptoms are those of its paralysis, viz., great general weakness and prostration of all voluntary muscles, going on to absolute paralysis; eves become stiff, ptosis, double vision, etc., occur. Thus in a proving recorded in the "Cyclopedia," which illustrates this, Dr. Lugarde "soon became so weak he had to go to bed. After three hours he could no longer move his arm; after eight hours both upper and lower extremities were almost paralyzed. Paralysis increased and spread first to abdomen, then to chest and neck, and last to sphincters of bladder and rectum. Coughing, spitting, and even utterances of polysyllables became difficult, respirations were labored, and urine and fæces were evacuated involuntarily. No pain was felt, but the experimenter, with full consciousness and unimpaired sensation, experienced all the sensations of impending death." Barvta should therefore be useful in sclerosis of the lateral tract of the cord and in insular sclerosis, in so far as that is the part of the nervous system affected, though, as is the case with any remedy, it would need to be given in the early stages before the nerves have been destroyed or irrevocably daniaged. It should also be useful in cases of cerebral hemorrhage in assisting the restoration of motor strands connected with cells which have been injured but not destroyed. In the same way it is said to be a valuable remedy for premature senility.

The loss of control of the sphincters, which is so characteristic a symptom of the provings and poisonings, is due to the same weakening influence which baryta has on the motor tract. The centers for the control of the sphincters, being under the influence of impulses descending by centrifugal tracts from the higher centers, react more readily to reflex stimuli when this influence is weakened by any disease of these tracts; and the tendency to incontinence so resulting is re-enforced in the case of baryta by its action in stimulating unstriped muscular fiber and pro-

ducing peristalsis. For both these reasons barium is a good remedy for enuresis occurring in stunted, unhealthy children, and also for the escape of urine and uncertainty with regard to the sphincters which sometimes occurs in old men.

In the same way barium is a capital remedy for nocturnal emissions in somewhat debilitated subjects. The lessened inhibiting powers, always present during sleep, being re-enforced by the weakness produced by anæmia or want of nutrition of the centripetal fibers, allows any slight stimulus from the gastro-intestinal system or elsewhere to set up a reflex discharge in the center in the cord, and an emission results. Dr. Percy Wilde relates a case in the "Monthly Homeopathic Review" for June, 1892: A young man, with intellectual abilities and of good moral tone, suffered from nocturnal emissions, which were followed by much exhaustion. There was flatulence, slow digestion, distressing palpitation, inability to study; dull aching in back, diminished by lying down. Baryta carb. 6 was given, and in three weeks all the symptoms were gone.

I have myself lately had a similar case. H. G., single, aged twenty-six, a clerk, had lately run down in health; he complained of seminal emissions. There was some enlargement of the thyroid, the bowels were constipated, and he had a dull occipital headache. He was given baryta carb. 6x, 2 tablets, ter die. The constipation and headache disappeared and the nocturnal emissions ceased. He remained quite well for some months, when the debilitating influence of an attack of influenza caused a return of his symptoms. They were again soon cured

by the baryta carb. 6x.

In the provings, ptosis and drooping of the upper cyclids are mentioned more than once, as also are twitchings of the facial muscles and of the orbicularis palpebrarum, so that barium seems to have a special affinity for the muscles

thrown into action by the facial nerve.

In accordance with this, it has been used in facial paralysis with success. Dr. Bayes records a good case: "A woman who had been treated for a long time without success at Addenbrooke's Hospital, Cambridge, was unable to close one eye, and suffered much inconvenience from this as well as from the facial paralysis. Baryta completely cured this case" ("Applied Homeopathy").

Autopsies have shown congestion of the brain and its membranes, and a remarkably dark color of the gray substance of the brain. There is no record among the autopsies of any microscopic examination of nervous system.

(B.) The Vascular System.—Barium in small doses stimulates the heart, increasing the force

of the contractions and usually slowing its beat; in large doses it paralyzes it, and the heart ceases in systole. In the provings we find a discrepancy with regard to the pulse rate. In some the pulse is "increased and very small," or "increased, quick, and full," or "feeble, irregular, and scarcely perceptible;" in others the pulse is slowed—" pulse soft, irregular, fifty-four to the minute;" "pulse fifty-six for a short time, irregular." But in considering the pulse rate, the state of the arteries must be taken into account. Barium causes great contraction of the arteries and arterioles by virtue of its action on the unstriped fibers of their muscular coats; so that, between the peripheral obstruction caused by contraction of the arterioles and the increased force of the heart, the arterial pressure is much raised. Whether the heart responds to this increased work by a quickened or a slower beat will depend probably on the strength of its muscle walls; a strong heart becoming slowed and a weak one quickened in its action. It is the same with digitalis. Barium resembles digitalis in its tendency to slow the heart, contract the arterioles, and raise the blood-pressure; but their mode of action is different; digitalis acting through the cardiac inhibitory and the vasomotor nerves; barium probably acting directly on the muscular fibers. A much closer resemblance is afforded by veratrine.

Palpitation, which may be severe and longlasting, is a frequent symptom in the poison-

Therapeutically the salts of barium have been used, and with good effect, in diseases of the

heart and arteries.

The mineral water of Llangammarch Wells owes its repute in this direction to its chloride of barium, which is present to the amount of about 0.01 per cent. Dr. Black Jones finds that "in many cases where there are symptoms of angina pectoris, there is a distinct alleviation of the pain and the dyspnœa . . . and that patients who have suffered from repeated attacks of influenza, and who have irritable hearts with precordial pain, but without any organic disease, generally do well."

It is a remedy to be thought of for palpitation, and might be worth a trial in the distressing cardiac symptoms met with in exophthalmic

goiter.

Some brilliant results have been recorded from its use in aneurisms, notably in a case recorded by Dr. Flint in the "Monthly Homeopathic Review" for June, 1879. A lady, aged sixtyfive, of temperate habits, but of some gouty inheritance, had an aneurism of the abdominal aorta just above the bifurcation. There was a distinct tumor, throbbing and expansile, and with a systolic bruit. The pulse tension was

increased. Five months' absolute rest on her back, together with a strict diet, effected nothing. She was then given one-fifth grain of chloride of barium every day, and within fourteen days there was marked diminution of the throbbing. After four or five months the tumor was so reduced in size that it could scarcely be felt, and only a very faint systolic murmur heard. Four or five mouths later there was no throbbing at all, and the patient was practically

Dr. W. H. Hewitt, also, records a case: A man, aged forty-five, had for two years suffered from aneurism of the aorta, for which he had been treated by rest and iodide of potassium without result. He was anæmic, with distressed look; any exertion brought on a severe pain in the chest. There was bulging of the thoracic wall on the right side, close to the sternum and above the nipple, for a space six inches in diameter, and over three inches of this there was vibration synchronous with the heart, with a heaving movement and loud blowing sound. Heart hypertrophied. Baryta mur. 1x was given for six months, by the end of which time the tumor had contracted till it became indistinguishable, and there was only a slight murmur over its site and no pain. Five months later he was still well, though he had taken moderate exercise.

(C.) The Alimentary System.—The following pathogenetic symptoms are taken from the "Cyclopedia:"

Toothache, at first finely pricking, then throbbing; increased after sleeping and after midnight; not affected by touching, biting, or cold water.

Tongue cold and moist; little fur.

Mouth and tongue dry; thirst relieved by ice. Putrid, nauseating taste; food tastes putrid. Pain in pharynx; difficult and painful swallow-

Anorexia, nausea, retching, belching; vomiting of fluids mixed with mucus; distention and

weight at epigastrium.

Sharp burning pains in stomache and bowels; violent cutting and pricking in abdomen every two minutes; vomiting and diarrhea; abdomen not sensitive to touch.

Stools covered with mucus; greenish and chopped; liquid.

Diarrhea, with paralysis of sphincter ani.

Therapeutically, baryta carb. has frequently been used successfully to abort a threatened quinsy. This use is strongly indicated by one of Hahnemann's symptoms in the "Chronic Diseases," s. 279: "After chill and heat and bruised feeling in all the limbs, inflammation of the throat, with thick swelling of the palate and the tonsils, which pass into suppuration, on account of which he cannot open his jaws, nor speak, nor swallow, with dark-brown urine and sleeplessness (after eighteen days)." It has also been used to reduce chronically enlarged tonsils. As far as my own experience goes, it is not very

efficacious in this respect.

Dr. Goldsbrough has related a case where it was useful in a chronic sore throat. A. O., aged sixteen, for some months has had a disagreeable sensation of lump in the throat, only felt on swallowing, with a cutting pain in both tonsils and dryness of the throat. External tenderness, but no abnormal appearance, internal or external. General health good. Baryta carb. 6, gtt. j every three hours, cured.

The vomiting and diarrhea produced by barium are not due to any irritating action on the mucous membrane, but to its stimulating action on the muscular coat of the intestinal tract greatly increasing peristaltic action. The smooth muscular fibers are thrown into violent contraction, so much so that on post-mortem the intestines are found with their lumen obliterated. A characteristic feature of the diarrhea is the weakness of the sphincter ani, stools tending to escape involuntarily. Flatus is moved onwards and expelled in large quantities.

(D.) The Respiratory System.—The chief symptoms of the respiratory system are:

Voice faint and speech unintelligible. Respirations frequent and incomplete.

Paralysis of chest; coughing and speaking become very difficult.

Respirations rapid, with tracheal râles; respirations slow and labored, with effusion into bronchial tubes; loud loose râles all over chest.

These symptoms are evidently all due to weakness of the muscles of respiration: there is no evidence that barium directly affects the lungs or bronchi. It would be indicated therapeutically when the lungs are becoming cedematous from paralysis of the respiratory movements, and should be useful in the bronchitis of aged persons, when these movements are feeble.

(E.) Genito-Urinary System.—The urine is clear and profuse; micturition is often involuntary. Barium stimulates the muscular fibers of the bladder to contract, and post-mortem the lumen of the bladder is found obliterated. This strong tendency for the detrusor to contract, associated with the diminished tonic influence over the sphincters, due to the action of the drug on the nervous system, is the cause of the frequently involuntary micturition. Barium is used also to lessen an enlarged prostate. It most probably acts in this case by direct stimulation of the unstriped muscular fibers of the prostate, and requires physiological doses. The action of barium on involuntary emissions has

already been alluded to under the heading "Nervous System."

Barium has some repute in enlarged lymphatic glands, and has for this purpose been used chiefly in the form of the iodide. There is not much in the pathogenesis to suggest this use of it, but Schivilgué states that "inflamed and suppurating glands showed increased irritation, more pus, and their hardness and swelling diminished" (see "Cyclopedia," Barium, II. 9); and Dr. Black Jones of Llangammarch mentions the case of "a boy, aged twelve, who had suppurating glands on both sides of the neck, and large sinuses in both feet, involving the metacarpo-phalangeal joints of the great toes, and who, while taking the waters, derived great "After two months' treatment the feet healed up, and there was a great improvement in the neck" ("Hom. World," August, 1900).

Barium has a decided influence on the body metabolism. Dr. Black Jones at Llangammarch states that, in persons drinking the waters, in most cases the quantity of nric acid excreted was increased by from thirty to sixty per cent. Wishing to make some test as to how far this is due purely to the barium, and how much to the other salts of the waters and the change in diet and mode of life, I instituted a proving on myself, taking 2 grains of chloride of barium a day in 4 ozs. of distilled water. I found that, taken for ten days, there was an increase of twenty-three per cent. of uric acid excreted while taking the drug, compared with that excreted during the ten days preceding, and that for the ten days following the taking of the barium there was still an increase—about six per cent.—of uric acid.

This action will account for the beneficial effect it often has on chronic gouty conditions when given in material, though small, doses in the form of the Llangammarch mineral waters.

As I also found in my proving that there was an increase in the white corpuscles of the blood, I would suggest the homeopathic use of barium in leucocythæmia, in which disease there is also a great increase in the excretion of uric acid.

Connected with its influence on the general nutrition may be mentioned some of the indications for the drug mentioned in the "Chronic Diseases" by Hahnemann, who singled out, as specially suited for it, stunted, dwarfish children with ulcers and fetid sweat of the feet, warts, a general tendency to catch cold, and scrofulous eruptions, especially on the head and on and behind the ears.

Another property of barium is the influence it is reputed to have over fatty tumors. A case of the kind is mentioned by Dr. Bayes: "A curious change took place in a large steatoma-

tous tumor occurring in a lady about seventy while she was taking baryta carb. The tumor appeared to diminish in size, and became so soft that I had great hopes it would have been removed; but from some cause the change became arrested. It had been increasing up to the time baryta carb. was given, but afterwards remained quite stationary."—" Medical Review."

#### CONCERNING HOMEOPATHIC JOURNALS.

The several changes which have taken place in the homeopathic journals since the beginning of the year, or immediately preceding, make some of us remnant-editors to feel that we are of the Old Guard who die but never resign. And, yet, there is no telling, remembering how quickly and deftly and silently, following upon the Medical Visitor's several criticisms, the former eloquent editor of the Philadelphia Medical Journal found a place on the rear seat, or speaking printerwise, near the hell-box.

The changes referred to have sent several of the articulo-mortis editors to the right-about, much, doubtlessly, to the grim satisfaction of their limitel clientele. Alack and a day! Some of these articulo-mortis editors took it out in filling the cover-page with their hyphenated name, plus the articulo-mortis title; while the proper pages of their alleged journal teemed with naught that a sweet-sixteen could not with ease and greater skill have more creditably filled. Dear, dear! how some of these American non-title-loving homeopathic physicians glue themselves to the A. M. and other titles, as if they added aught but a few tawdry peacock feathers to the entourage or trousseau or phylacteries and things of a very ordinary jackdaw make-up. Oh, no! please, we are not shooting at all the A. M. men in the profession; for many of these, to our knowledge, earned their spurs in the tourney and the joust, and are honorably so caparisoned. But we are firing at that tinsel portion of the profession which secured the articulo-mortis degree by outright, downright purchase, or, for having been reasonably good, and, in one way and another, remained out of jail for a specified number of years following their graduation from some down-the-pike university. It is one of the remarkable facts of life and gentlehood that a true citizen of the Republic of Letters is a modest and conscientious gentleman, who does not wear his several strips of golden medals upon his specially-tailored coat except upon extraordinary occasions, of which the cover-page of a fly-by-night, second-class-matter, limpy and lame, pharmacy, hospital, college, or other medico-commercial-factory journal is not one. The boast of heraldry and the something or other of power of which Gray speaks so feelingly and eloquently in his Elegy is as nothing compared to the pomp, and tinsel, and spangle, and splatter of these articulomortis professors and editors. How they strut and strut! And they take it out in strutting, mainly.

The Medical Visitor, according to its leading January editorial (received January 30), having now "fired" its publishers (with renewed ambition), violently enters the class of the Homeopathic News boasting of its greater circulation over any other homeopathic journal. And, further, having profited so largely by its former gift-enterprise scheme—the renowned contest for a three-hundred-dollar golden guerdon for accepted papers of a superior order on the Whenceness of Homeopathy and Its Probable Future in the Light of the Combination Tablets, which, the same, these successful papers, have never seen the light of day—is again about to enter the lists with other prizes to tempt the remnant few to become subscribers to a journal "having a larger circulation

than any other homeopathic journal."
Singular how myopic we have been in the series of years during which we have been permitted to wear and otherwise inhabit the editorial crown and watch and criticise the journals of our household, their editors of large and little renown, their prosperity and sometime disappearance, in general. We had supposed the Hahnemannian Monthly, or the Medical Era, or the Medical Century, or the New England Medical Gazette, or the Homeopathic Recorder—not to bear down too hard on our own journal—had some trifling prestige in the profession of medicine if not of letters, and had perhaps nearly as large a bona fide subscription (without the striped-stickof-candy enticement) as the Medical Visitor. But, alas! no. The Visitor editor "points with pride" as he may in all reasonable right essay to do, to his greater circulation, and by way of rider to his long catalogue of other excellencies closes one impassioned paragraph with the statement that "the news items are unexcelled by any other journal and equaled by but one—The Medical Century—and its society reports." Ah, Dewey, Dewey, what have you been a-doing of to Brer. Smith? Heraus damit! You are making a questionable, nay, indeed, a dangerous mistake if at the very beginning of your editorial career you array yourself against the other and less fortunate journalistic brethren of our school. Why, even the Homeopathic News will feel aggrieved. Goodness! what a coil, to be sure. make-up physically," says our enterprising

brother of the Visitor, is nearly perfect; the paper is book paper, and really white—except where printed upon; the half-tones are above the average; and, in short, not to put too fine a point to it, the erudite and modest editor believes, as of course, he properly should, that his journal is as far above and beyond the others still lamely competing in his almost-all-occupied field as is "Hyperion above satyr." Mein Liebehen, wass willst Du noch mehr?

Still, though finding ourselves in a degenerate class of fairly well-conducted journals, with Porter, and Bartlett, and Gatchell, and Coffin, and Aldrich, and Smythe, and Arndt, and Anshutz, and Allen, and Halbert, and Clarke, and Dyce Brown, and Gibson, and Cartier, and Chandlee, and ever so many other editors and true, we are not as those without hope. We shall pray to survive, all and singular of us, in order to help our cheery brother of Chicago in mustering the homeopathic hosts, so as, with his efficient help and direction, to make it the grandest and noblest and sweetest and bestest profession in all the world and Illinois. And as soon—as we have before threatened to do-as soon as we can find enough left-over space, and a moment when our publisher feels a bit mellow, we will "run in" as "fillers" a number of accumulated letters thanking us (with our name fully written out and spelled with a soft K) for presenting so excellent a journal for the uplifting and upbuilding of the God-given profession of medicine and things. We shall, likewise, say something about our journal being to many subscribers as a letter from home—like mother used to make; and, perhaps, also expatiate upon our taking a proper and long-earned place among the truly scientific journals of the Twentieth Century-both words to begin with large caps.

But we have a flinty publisher to deal with withal. He is very set in his way. He has a peculiar notion that the pages of his several journals are not meant for the publishing of self-complacent editorial cackle, and adulatory letters; nor yet to be given in some great part to the hogwashing of every subscriber who sends in a blueribboned pumpkin, or lays an unusually large

egg upon the editorial desk.

What the Medical Visitor needs is not more subscribers—for already we hear the mighty roar of the approaching phalanx as it falls over itself in its frantic effort to get first to the box-office to subscribe or plead to be permitted to remain in touch with its policies and editor—but a proof-reader appareled with a grammar-taste, a lynx eye, and Mrs. Nation's little hatchet. And now, having said our palpably envious fling because our brother editor of the Medical Visitor has a larger circulation, and furnishes a better journal for the hardware dollar, we subside.

#### A HALF CENTURY OF PRACTICE.

Sibley (Iowa) claims the distinction of having the oldest homeopathic physician and the one who has practiced this system of medicine longer than any other in the United States. Dr. Wilder, whose portrait we present, still hale and hearty at the age of seventy-six, is practicing medicine, and a half century has the doctor spent in the active

practice of his profession.

About fifty-six years ago Dr. R. A. Wilder commenced to read medicine with Dr. G. W. Swayze, of Springfield, Mass., who was at that time the only homeopathic physician in the State of Massachusetts. After finishing his studies in Springfield, Dr. Wilder went to Providence, R. I., where, in the spring of 1848, he commenced the practice of medicine in connection with Dr. Oakey, and for a year enjoyed a large practice there. At the end of that time he set up for himself in Derby Line, Vt. On severing his connection with Dr. Oakey, that gentleman presented him with a fine watch, which Dr Wilder carries to this day, and which he carried continuously for nearly a half a century. The watch has outlived two cases and is a perfect timekeeper still.

Dr. Wilder practiced in Derby Line about four years. At that time there were only about forty homeopathic physicians in this country, and a bitter war was waged against them by the old-school practitioners. In the fall of 1854 the doctor moved west and located in Wisconsin for twelve years, when he removed to Iowa, and has been a resident of that State ever since. He has practiced in Sibley for fifteen years and has built up a most enviable reputation as a careful and

skillful doctor.

Besides his eminently successful professional career, Dr. Wilder has always taken a prominent part in politics. He was coroner for several terms and was overseer of the poor in the city of Atlantic for seven years.

The career of Dr. Wilder has been a most successful one, and his remarkable record of fifty years' active practice is of national interest. He challenges the United States to produce a physician who has practiced homeopathy as long as he.

# RUMORS-IDLE RUMORS.

Now, if it were true, these nawsty, bad, affrighting rumors, that Kraft and Biggar, together with a number of other roistering blades, are secretly at work preparing to fling a new homeopathic college to the Cleveland breezes with the aproaching semester, or prior thereto—what a disturbance it would create in certain uneasy

quarters! There would be a hurrying and a scurrying to and fro and a dismounting in hot haste and a disposing of stock and a smashing of dignity and old feuds and a throwing out of wreckers and brawlers and barrators! It would have certain inestimable and inalienable advantages for a starter, notably in that it would leap into existence, upon the instant, armed cap-apie minus any non-interest-bearing, non-dividend-paying, debt of several thousand dollars; it would bring together once more under the same vine and roof-tree a number of the old homeopathic professors—members of the Old Guard -who gained considerable experience in starting the Cleveland Medical College over a beer saloon—in the anti-hatchet days—and vet making it a howling success; it would have among its cap-a-pie teachers of world-wide reputation-(yes, thanks for the suggestion)—ourself for one instance, and for another instance or two, several others with abundance of the very latest technique and suaviter in modo and theories and bugteriology,—but, alas! no author of any great and enduring fame, as several of our first-class colleges are caparisoned withal. But, per contra, it would be handicapped and hobbled with the awful disadvantage of having no remnant class to work off this year and next; no left-over class from the years preceding the present frightfully strict preliminary examination of all matriculants; so that, in other words, it would have to begin de novo with first-class material; and that, by all the gods and little fishes! is going to be awfully scarce in a year or two. But alack and a day! Neither Kraft nor Biggar nor the remainder of the roisterers is so hell-bent upon invading and destroying his own peace and quiet and professional success and surrendering the enviable position of enviously and safely criticising the others in the traces as to engage in such venture—for the present. Our peace of mind is worth a whole barrelful of professorships—with heavy thumbs and string attachments.

# THE LIQUOR QUESTION.

The National Woman's Christian Temperance Union claims as among its most effective allies those physicians who do not prescribe alcoholic liquors, allowing alcohol a very limited sphere of usefulness, or none at all.

They are endeavoring to bring the teachings of such physicians to the people and believe that much good is being accomplished thereby, for physicians, more than others, can disabuse the public mind of old-time errors concerning the use of, or necessity for, alcohol, either as a beverage or for medicinal purposes. It would seem to be

the duty of those to whom the public looks for guidance in all things pertaining to health to continue to make the most careful investigations of the nature of alcohol and its effects upon the human system.

The society asks that this subject be brought before National, State, and County Medical Societies, for discussion.

#### THREE DOLLARS A PLATE.

Why has it become the custom of some of our Medical Societies to put a drug-store price upon a banquet plate which, at the outside, does not cost the society above one dollar per plate? If there is to be a donation of a part of this fancy price to the guest of the evening, or for any other worthy professional or other object, then no complaint could be reasonably laid for the extravagant price. It is bad business, however, to "soak" the visiting members of the profession, especially those coming from some distance, with a drug-store price for a half-dollar meal. We note the plaint of one of our contemporary journals at the smallness of numbers attending upon a largely and loudly advertised homeopathic occasion. May not this be in part the explanation—the price attached to the occasion? If it is the intention and meaning of the banquet managers to make it a recherché or ricochette or exclusive affair, this is doubtlessly one good way to accomplish the end. But we fail to see the policy of excluding from a professional meet even him who may not be appareled like unto a wedding guest. The young man struggling for a foothold in the profession, who is obliged to eat and have a house and horse and make some pretense to scientific technique, is neither in the mood nor the finance to pay a luminous and exceedingly gaudy price for a plate, inclosing an opportunity to put his tired feet under the mahogany and listen to the musty platitudes and homilies of the stagy speakers who are ordinarily pressed into the service. These social gatherings are very productive of good feeling and camaraderie; but it must needs be only among those who already have a standing in the world and a sufficiency of the world's lucre, and who are no longer of signal value to us as a profession except in a reminiscent and philosophic sense. We will never get the young man into our meetings if we put our prices of admission to banquets and other informal gatherings so high that he cannot possibly touch them with either a negative or positive pole. For rather than appear in unwedding garments and flaunt a pretense to which he is a hypocrite, he will stay at home and collect the few dollars to which he may be entitled by

reason of hard work. And the American Institute and the several high-priced societies which need voung and vigorous blood, and enthusiasm and homeopathy will not find him in their midst. Therefore the fraved-edged and moth-balled speakers and perennial chairmen of bureaus are as always impressed to do a passing service. A dollar a plate may not sound nor be very deestang, but it will fill the house, not with undesirable people but with those who are just as good, indeed many times better, than the mossbacks—who own the earth and all the trees and shrubbery; many of whom are valuable mainly as danger signals to the oncoming generation—it will fill the occasion with God's poor who cannot attend simply because they have not the wherewithal to splurge for one night and two days. Remember the young man who is poor, and give him a chance.

### DR. GEO. M. GOULD.

Dr. Geo. M. Gould of Philadelphia, editor until quite recently of the Philadelphia Medical Journal, was peremptorily dismissed by his Board of Directors without explanation of any kind whatsoever. It is mere surmise what produced this sudden dismission. One cause was his inveterate fight upon the shams in the profession, and his unhesitating battle on the patentmedicine fakeries which blot and smudge so many of our medical journals. It seems clearly to have been a case of the box-office running the journal. As we have said on former occasions, Dr. Gould has had his fling at homeopathy, and, in some respects, he hit us hard. And vet how far wrong was he in his estimate of our truthfulness and homeopathicity? In the light of later discoveries as to books used and others recommended in homeopathic colleges; the long tables of operations done under allopathic accessories; the indifferent teaching from the college platform; the purchase and use of unhomeopathic medicines and allopathic drugs; the graduation of men and women who know nothing whatever of homeopathy—in the light of these and a long chapter of other homeopathic wrongs, what dare we say as to his criticisms? We ought to thank him for stirring up our torpid liver. From his viewpoint his attack on the transparent flimsiness of modern homeopathy was an honest assailment, and to be repeated on every occasion. We never had any special quarrel with Dr. Gould, for we knew, better than he could ever know, how many worse things he might have said, could be have access behind the arras. Dr. Gould is a man who cannot be dismissed in this cavalierly manner without injury to good medical editorialism. He was right in

his battle on the patent medicines and other shams. He cannot be lost by the political shuffle of a box-office-worshiping board of directors. The gag will not fit him any more than it will those professors in Stanford University. An editor must have freedom of speech. So must the professor. If our journals are to become merely advertisers' journals, plus a few sweet and tooth-bitten homilies, we had better abandon the whole field to the commercial people.

#### IF THE BLIND LEAD THE BLIND-

"There may be something in the high-potency," soliloquized a modern professor of homeopathy, as he wet his fingers to turn over his mildewed manuscript, preparatory to inducting his homeopathic materia medica class into a half-dozen more physiological centers of action of the homeopathic remedy under discussion (copied almost verbatim from Burt), "but as to me, and in my case, I am free to say that it has proved a melancholy failure."

"How did that occur, professor?" queried a more than ordinarily adventuresome senior, who believed that the tentative manner in which the preliminary statement had been delivered preceded an explanation, which the said aforesaid recondite party with the equally recondite manuscript was anxious to flood the class withal.

"Why, it was after this wise," responded the ruminant professor of homeopathic materia medica, as he succeeded in disentangling two leaves of his manuscript which repeated previous wettings with the same finger and thumb but different microbe-infested saliva had glued together; "I had a low-potency preceptor to start with; after I came to the college, especially in the third year, we had a high-potency professor in whom we had considerable faith. So I concluded that rather than follow the fashion of my old-style preceptor with his old ideas of homeopathic medication—from the tinctures to the third decimals— I would make a careful test for myself of the high-potency, and thus save myself from the dangers of narrow bigotry and ancient prejudice, in which medical men are so prone to fall after a while, unless continually on the alert." Here he paused, whether waiting for another question, or for the dramatic effect, or whether overcome by the painful recollection deponent saveth not.

"What was the trial, professor?"

"I took aconite the thousandth for three days until I had taken three hundred and eighty drops. And it had no visible effect upon me whatsoever! I might just as well have taken so many drops of lake water! I very well know, and so does every member of this class, that if I had experimented

with the tincture of aconite, or the second of third, long before I had reached a hundred drops there would have been some very decided effects. I concluded, therefore, that while the high-potency might be of value in the hands of some of our professors, and in some peculiar cases, but as for me and my cases, I preferred something with a little of the original drug in it."

And this sapient Sir Oracle is an accredited, accepted, and teaching professor of homeopathic materia medica and the Organon in an accredited and accepted homeopathic college where gynecology, surgery, microbes, and microscopes occupy reserved seats in the orchestra circle with

limelight and bouquet accessories.

And these be your gods, O, Homeopathy!

#### WANTED: MORE LAWS.

"Over-Examined Medical Student" gets a few comp. remarks from some "big-bug" medical people in England and elsewhere as we pick them out of several of our exchanges; all whereof point the o'er true moral that the medical student, under- as well as post-graduate, is being legislated against, in order to keep the fat of the land within reach of the few "band-wagoned spies who have come back from it laden with the impossible-sized grapes to show its fertility and promise. And this is lamentably true in many of the States of the United States. As, for instance, in Ohio. Medical practice in this once fair land has been so poorly paid in the last few years; so many complaints of hard times are heard on every hand, and from those also who are usually arrayed in that offensive and lordly air of clean-shaven, freshly-creased-trousers prosperity, and caparisoned with that spotless twostory, red-wheeled buggy, with hood like a Salvation Army bonnet, and a "colored" outrider, that something quick and powerful seems needful to be done. Hence, let not our readers be oversurprised if a new batch of restrictive regulation and legislation is passed by and through the next Ohio legislature, in order to narrow still more narrowly the field of honest work; and, also, in order to squeeze out by forbidden ex post facto laws a considerable segment of those now fairly well settled in our eminent domain.

It is become a matter of bread and butter in many districts for the older men to do something to stem the tide of new and freshly baked graduates from overrunning and overturning their bread box and potato bin. Perhaps in a few years, if no wagon-road is found in the present preliminary educational requirements, the output of the diploma-mills of the land may be so restricted that We, Us & Co. may again find occasional oases of dry land for our weary feet to

rest upon. But just now, so full are our cities and towns and villages and corner cross-roads with surgeons and gynecologists and specialists with technique, that operations have slumped and tumbled from two-hundred-and-fifty a clip to twenty-five dollars; and, in many instances, to nothing at all, if the patient will but pay the hospital and drug bill! To this sad state have we come at last. More Laws, Gentlemen of the Restrictive Mood! We need more Restrictive and Examinative Laws, or else a great many of us will have to find somewhat else with which to keep

body and soul together.

Two medical fakirs, with jenny-wine diplomas. and the usual accessories in all such cases made and provided, camped their weary feet and mouths in an interior town of this State for a fortnight, extracting tape-worms by the foot and teeth by the handful; they also prescribed variegated and vari-colored balms of Gilead for ulcerated wombs (without examination); cured fits and piles and consumption and corns; they anointed that "last-inch," took out other folks' pockets, and filled their own with the stockingedhoard of the beetle-browed native; while the regular, law-abiding, professional man (at best able to grind out only a bare living), and grudgingly remunerated in green cord-wood or fly-blown fruit or musty hay) is mocked and derided by this light-fingered medical gentry under the protection of the great State of Ohio! Yes, sir, Gentlemen of the Restrictive Legal Habit, we need More Laws, More Laws! So that these wolves and thieves and liars of the profession may thrive the more heartily and securely upon the trusting natives; while the honest, studied, experienced, examined, and overexamined, diplomaed doctor may be compelled in a little time to take down his strap-iron shingle and go back to farming, or else hire a gasoline-torched, red band-wagon, with bango and Christian songs attachment and streak and stroll through the country and gather in the shekels. Laws! Give us More Laws! We are perishing for More Laws!

# Book Reviews.

A Treatise on Mental Diseasees, Based upon the Lecture Course at the Johns Hopkins University, 1899, and Designed for the Use of Students and Practitioners of Medicine. By Henry J. Berkley, M. D., Clinical Professor of Psychiatry, the Johns Hopkins University; Chief Visiting Physician to the City Insane Asylum, Baltimore. With Frontispiece, Lithographic Plates, and Illustrations in the Text. New York: D. Appleton & Co. 1900.

This treatise is a fine bit of print work, and be-

fore that, of course, also of author work. The author is a practical man in his profession and not merely a professor and writer on the subject, as is the case with a good many books of the day. Being a practical man he gives practical thoughts and applies them in such practical fashion that others, reading after him, may go and do likewise. We are much pleased with his work. It is clear and strong. There is no unnecessary dallying with a fact. It is put in place and left there. Another one is added, and so it goes on. The subject of Mental Disease is at once the most fascinating as it is the most dangerous for handling. To read over in a desultory way the descriptions of the appearances and actions of those who come under the care of a mental-disease expert makes the hair creep; because in many instances there seems so little of margin between the known insane and the unknown sane. A study, too, of the pictures, presented now in halftone from actual photographs, still further shakes the faith we have in human physiognomy; for among these pictures we see faces that would readily pass from under our most intense critical examination without taint or stain of insanity. There is, indeed, but a little step between the sane and the insane. We have somewhere heard that the study of insanity requires a more than usually strong brain, lest it affect the student. Dr. Berkley, however, wastes no time on such reflections, but dips at once into his work and presents the profession with a readable and a studyable treatise on a specialty with which he is unquestionably familiar. We lay no claim to erudition along this line, but we do say that in such departments as we have been reading this work, since its receipt, it creates the feeling of being thorough and complete, and that in the hands of those who either are or are training for specialty in this division of medicine this book must prove an invaluable aid. It is divided into chapters which take up the many departments of mental disorders and discuss them in the usual order of ætiology, diagnosis, treatment, and so forth. In short, this is a working book and one to be commended to all practitioners.

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Suggestions to Medical Writers. By George M. Gould, A. M., M. D. Philadelphia: The Philadelphia Medical Publishing Company. 1900.

Ah! now here is a book from the pen of that awful man who has set so many of our medical editors a-gaping and a-talking—sometimes indulging in really bad language. Would to gracious that Dr. Gould could send a copy of this

splendid book to each of his barking critics and so teach them a bit of English and a trifle more of editorial courtesy. As might be expected from so terse and correct an English writer as Dr. Gould, the title page to this book is a scant affair —barely telling what the book is. And behold the absence of that long list of offices held now or in the past, membership in this and the other county society and abroad, author of thus and so many books, and editor of medical magazines and the like, as we find on so many book titlepages; and which abuse has latterly crept into the medical journals, where a writer's name is followed by a very rosary of things he is and has done. Dr. Gould may be a terrible fellow; he has said some hard things about the homeopaths: but what else should we expect him to do? Are we not a distinct school, and glad to be better than he? Do we expect him to speak well of us since there is not an issue, scarcely, of any of our homeopathic books or journals in which the allopath is not scored and scorched and skinned? We admire a foeman of ability. We like an honest antagonist. There is no glory in combating with a man of straw. Be sure that Dr. Gould is not afraid of his pen or his foes. He attacks right and left where the wrong seems to exist. He has no fear of the powers that be in his own camp. He speaks out in meeting, and, hence, we like him. Now, we presume upon that declaration we will be promptly read out of the homeopathic church. There is one thing very certain: Dr. Gould doesn't slobber all over every personal item he prints in the hope that the slobbered-over one will continue to subscribe another dollar or get his friends to also subscribe. But to the book. This is exactly what the four words of the title declare: Suggestions to Medical Writers; and, incidentally, some most excellent suggestions to writers in general. He shows the erudition of the scholar and the midnight-oil student. There are divisions in this little handbook that show him an adept in literature and its history, and one from whom we may well be glad to accept this bounty. The titles of a few of the chapters will show the scope of the labor and its results. Orthography, Punctuation, Pronunciation, The Use of Words, Medical Paleography, Style, Rules for Editors and Publishers of Medical Journals, History and Psychology of Words. The book arose out of a frequent request from readers of his journal to embody his editorials and letters on this subject, as they appeared in his journal from time to time, in book form. It is a valuable addition to our table and we are very glad to recommend it and to assure our red-ragged editorial contemporaries that there is nothing in the book from cover to cover that will cause them a pang or a heartburn. Characteristics of the Homeopathic Materia Medica. By M. E. Douglass, M. D., Associate Professor of Materia Medica; Lecturer on Dermatology and Neurology in the Southern Homeopathic Medical College of Baltimore; Chairman of the Bureau of Materia Medica of the Maryland State Homeopathic Medical Society; Author of Repertory of "Tongue Symptoms," "Diseases of the Skin," "Pearls of Homeopathy," etc. New York: Boercke & Runyou Co. 1901.

This is a large book of nearly 1000 pages, well printed and bound and filled with the most approved of characteristics of our materia medica. Were we to prove hypercritical it would be to complain of the awful embarrassment of riches which Dr. Douglass has showered upon us. However, he candidly admits in his Preface that he has collected all the known remedies and given their characteristic symptoms in the compass of one large book. The selection of these characteristics is well done, and, so far as we have been able to judge, correctly. A good therapeutical index finishes the work, in which three grades of remedies are given. There is nothing new to say about a work on materia medica, but all that could be said in praise we are willing to have understood as said by us in relation to Dr. Douglass' book. The price of the work is \$5 in cloth binding, and \$6 in half morocco.

A Treatise on Diseases of the Nose and Throat. By Ernest L. Shurly, M. D., Vice President and Professor of Laryngology and Clinical Medicine, Detroit College of Medicine; Laryngologist and Late Chief of Staff, Harper Hospital; Consulting Laryngologist and Chief of Laryngological Clinic of St. Mary's Hospital; Consulting Laryngologist to the Woman's Hospital and Foundling Home; Member of the American Laryngological Association, of the American Climatological Association, of the American Medical Association, of the Michigan State Medical Society, etc. Illustrated. New York: D. Appleton & Co. 1900.

Dr. Shurly says in his Preface that this book was undertaken with the purpose of giving a practical work to the student and general practitioner rather than as a text-book to the specialist, and that, therefore, he has given his best thought to the elaboration of matters which are usually enshrouded in the mystery of specialism, thereby rendering them plain and as simple as possible to the general medical workman. Still the book is not lacking in all that the specialist would require, for it is up-to-date and filled with the best

that can be found in the specialty. There has been paid especial attention to the therapy of those diseases which would ordinarily fall within the compass of this specialty; while the local treatment is not neglected. The book is well filled with clear and instructive illustrations; and the letterpress is of the very best of this famous house. The subject of diphtheria, for instance, as one instance, is very conservatively treated judging from this school's standpoint. The author handles the subject wholly from the modern and advanced idea of the serum therapy and is inelined to strike hands with the most advanced exponents and advocates of the antitoxine treatment. He even goes to the length of advising its use as a prophylactic measure much as vaccination was, until within the present decade, looked upon and insisted upon as a preventive of smallpox. The chapter upon this disease alone is a valuable one, and will be appreciated by his fellow workmen and practitioners. We see no objection to the use of this book when placed in the hands of discriminating students of our school. It would not be wise, except for operative work, to advocate the purchase of this book for homeopathic students; but a browsing in its leafiness and fruitfulness will hurt no one, and may, indeed, give the reader and student some valuable hints and aids for his daily work.

Diseases of the Eye. By Kent O. Foltz, M. D., Professor of Ophthalmology in the Eclectic Medical Institute, Cincinnati, Ohio. A manual for the use of students and practitioners. 12mo., 566 pp., 193 illustrations, 5 pp. in colors, and chromo-lithographic frontispiece. Cloth, price \$2.50, net. The Scudder Brothers Company, Publishers, No. 1009 Plum Street, Cincinnati, Ohio.

This author is frank enough to admit that his book is not to supply a long-felt want in this specialized department, but that it is introduced to the profession because of his earnest desire to give the workman of our guild the treatment as well as the operative work in eyes. He finds so many of the eve-books devoted in great part, if not in entirety, to the eye and that alone; that is to say, they treat the eye as if it were independent of the rest of the part of which nevertheless it is an integral and very vital part. He wishes to introduce the value of specific medication in connection with a handy text-book on the eye. By "specific" homeopaths understand him to mean eclectic, which nowadays means almost everything that is good in the various schools of medicine. Like our modern homeopathy the electicism of the early fathers has reached out and taken unto itself many branches which the elders

in the church would not have recognized. And right here we will say that a great many physicians who are graduates of the genuine simonpure homeopathic colleges, according to their charter and the anually issued diploma, are really eclectics and use eclectic medicines upon eclectic indications. Dr. Foltz, if we remember correctly, at one time became a member of the Homeopathic State Society of Ohio, and we think we reported one of his protests against the prevailing allopathic trend of papers and discussion in that State society meeting; at Cincinnati, we think it was. But that is not especially to the point except to show that Dr. Foltz is honest in his desire to get the best out of all systems of therepeuties; and, hence, it is safe to say that his therapeutic treatment, as shown in his book, is good and reasonably safe to follow. We like his style of argument very much. It strikes any ordinary reader with a sense of absolute honesty and good will and a real desire to help his reader and student. The book is not very large, but it is well written, well illustrated, well printed, and equally well bound. A reading here and there of the medicines recommended makes one feel very much at home, for he handles continually such common favorites as aconite, belladonna, pulsatilla, rhus tox., and the like. We believe this to be a good book,—certainly a very honest one,—and in the use of which the modern homeopath cannot fail to be many times aided and abetted in some of his most difficult cases.

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The Transactions for the State Homeopathic Society of New York for the year 1900 has reached our table. It has the half-tone frontispiece portrait of its President, Dr. William Morris Butler, and is replete, as are all these volumes, with good homeopathic and other kinds of lore. The jubiled meeting is well reported; and, indeed, the whole volume shows careful editing. still seem to be some openings in York State which are going begging for a physician. If you are out of a job and think you can pass the New York law apply to the Secretary of the Society and try your fine Italian hand upon the place. The papers of greater value have already seen the light of day in the journals of the school, so that very little need be said on the score of their excellence and value. New York always does well in that regard.

# Correspondence.

Editor American Homeopathist:

Referring to the article on the bubonic plague found in your recent issue, I desire to say that I have kept a record of all kinds of plagues that could be gleaned from the public press. I have had a little experience with a few cases of bubonic plague; it was during an epidemic of malignant typhus fever, in the village of Brierly Hill, Staffordshire, England, thirty-five years or more ago. At that time I was very young in homeopathy, yet I remember that none of my cases died. The parish doctor, an old army surgeon, a very good physician, said the cause of the visitation was because the people were drinking their grandfathers and grandmothers. The gravevard was on the top of a hill; and at the foot of the hill on the sunny side was an old well, which was in great repute and the waters from it were used for making tea; it was carried by people to all parts of the village; the fever prevailed as an epidemic, many dying. I repeatedly went with the old parish doctor on his rounds, being anxious to see and learn all I could. At that time, in England, we had no boards of health (so called) to get up scares and spread contagion by spreading The large spots, or suppurating wounds in the glands, were called Pomple ex. by the old doctor, but in India he said it was called plague. The body of many was very dark or slate-colored; those that were in the old man's hands almost all died. The few cases that trusted to homeopathy I treated with baptisia, rhus tox., mer. sol., and sulphur, and I lost none. Of course this is a memory, but refreshed from the quoted article.

Later, when practicing in Central New York, at a place called Mount Vision, the epidemic of spotted fever came along. I was the pastor of a Baptist church, but practiced also as a homeopathist physician. Fifteen cases fell to my share in a radius of about thirty miles—with no deaths. My remedies were baptisia and gelsemium tincture. Some of these cases had black vomit. I treated these as a dual disease—typhus and a cerebro-spinal inflammation or fever. I buried as pastor all who died under the old-school system, and many times could see the dark spots spread in the face of the dead, whilst preaching the funeral sermon. One case that was brought home from a distance presented all the symptoms of Pomple ex. and died, the body bursting immediately after death and presenting a dark slatecolor; this I called putrid typhus. Some who assisted at the funeral took the fever and died.

The cholera symptoms of bowel trouble remind me of my proving of iod, ars, and the cure of chicken cholera which was published in the American Homeopathist.

If I had any bubonic plague to treat the reme-

<sup>—</sup>Dr. H. M. Paine, the homeopathic watchdog and medical-legislation promotor, sends us a newspaper from Atlanta recounting the defeat of the osteopaths in their endeavor to enter Georgia through the legislature. But scant courtesy was shown this guild, the vote against them being 27 to 15 for.

dies named would govern me if the symptoms corresponded, and where the symptoms are not known, or there is no time to glean them, I should go it blind with these remedies.

Robert Boocock, M. D.

1003 Flatbush Ave., Brooklyn, N. Y.

# Globules.

Dr. R. B. Leach of Minneapolis is certainly getting his fill of proper recognition among the journalistic profession. Scarce a journal have we received in the past two months flying the homeopathic colors which does not either at full length publish some of his articles on arsenization, or, at the least, gives him favorable mention, counseling assistance to our brother of the North. In all of which the said aforesaid we most heartily concur and join.

. —Dr. W. A. Dewey of Ann Arbor, and editor of the Medical Century, visited Cleveland on the 30th and 31st of January, called at the hospital and college,—he gave a bright little lecture on Coffea at the latter place,—and upon local physicians. Dr. Dewey is very enthusiastic concerning his latest baby—The Medical Century—and there is no gainsaying the fact that the profession is rallying to his support with equal enthusiasm. Dr. Dewey was on his way to New York, where he expected to remain for a few days.

—A lady nurse, says the Medical Times, rushing fervidly to her patients in a Cape Town hospital ward, found her favorite soldier fast asleep. Pinned to his coverlet was a scrap of paper on which he had laboriously scrawled: "To il to be nussed to-day respectfully J. M." The trained nurse has many foolish things laid against her. One of the latest which greeted us on recommending such aid to a lady for whom we-a general practitioner and therefore of that branch of medicine which had made no additions to science or bugteriology-for whom we had advised an operation, not for sarcoma of the liver, but for removal of the ovaries-this patient's mother said she would have no trained nurse in her house: for, said she, "we had one in the case of Mrs. Wimpelhammer when she was operated on, and aside from finding a lady in the parlor to be waited on, her laundry bill cost us more than the washing of all the rest of the family." There is a wide-spread distaste to the trained nurse, among the people. The severe surgical training of the hospitals seems, in the eyes of the laity, to have rendered her peculiarly unfit to take hold of just ordinary diseased conditions. There seems to be something dehumanizing in the constant sight of flowing blood, in the post-operative cry, and the inhalation of iodoform. It is, also, a fact that, aside from the surgeons and gynecologists, the general practitioners, as a rapidly increasing class, prefer other nurses to those who have demonstrated their greatest utility in surgical hospitals and the like.

—Dr. Robert Boocock says, referring to the case of glaucoma in the December 1st number: "The medicines suggested, no doubt, are all good. I only wish to add one more that is worthy of great confidence. I had a case some years ago that was greatly relieved from suffering, and finally cured, by cedron 200th. This patient was sure that it was morphine I was using, the pain was so truly relieved and the comfort to eye and head and face so complete. This medicine is worth a great deal, for it relieves all forms of neuralgia, when the extremities of nerves are the seat of pain; also sciatica and ovaralgia."

—The Century Dictionary and Atlas—which, without our saying much about it, is a superb work and deserving of a place in every doctor's house—gives a very fair definition of Homeopathy. But, alas, it says that the motto of the Order is similia similibus curantur! We would suggest, therefore, that the Resolution-makers of the American Institute of Homeopathy meet and memorialize the Century Dictionary people to correct this spelling, as Hahnemann never once wrote it that way, and that the inscription on the gold medal (which was found in his coffin and which was known to have been worn by him conspicuously and with great pride, although it spelled the word curantur) was a mistake and doubtlessly escaped Hahnemann's eagle eye. It should have been curentur as we all of us, Latin scholars and the like, now know and would be able to prove if only Bill Jones were alive.

—"Perhaps the most important addition to homeopathic literature since the publication of Goodno's Practice," says the Hahnemannan, "is the English translation of Jousset's Practice by Dr. Arshagouni of New York. It was our pleasure to have the manuscript in our possession for a short time, and we are therefore in a position to speak intelligently of the work. To our way of thinking, Jousset's indications for the application of drugs to the treatment of disease are always practical. His style has never been equaled, excepting by our own Farrington. Dr. Arshagouni's translation is not only with the consent of the illustrious author, but also contains matter contributed by him to the American edition only. The book will appear in a few weeks, and then we expect to give it a more extended notice. The publishers are Chatterton & Co."

—Dr. Edwin W. Pyle of Jersey City gives, in the Medical Times, a rather gloomy picture of therapeutic measures generally. He seems to be a specialist in hygiene, to the beneficent action of which he ascribes pretty nearly all cures. He is especially severe on the ingestion of sugars, of iron, and the like. That, however, which touches us more nearly is the following paragraph: "The materia medica of every period has been expounded with the greatest zeal by those who were behind the times." Thus giving farther cause for prophesying and jollifying to those who tell us that Homeopathy has made no additions to the great profession of medicine. But, say, brethren of the materia-medica portfolio, what think you of this allegation?

For Sale.—A good practice in the best town in Southern California outside of Los Angeles. Good reasons for selling. For particulars and terms address Dr. H. B. Lashlee, Redlands, Cal.

—It is scarcely a superstition, it is certainly an error, to attempt to cure an irreducible hernia by a descent downstairs head first. I knew an old man who was persuaded to try and who came near to losing his life in the attempt.

It must be an error that a man can conceive or that a woman have a litter at a birth, yet recently I was asked to sign the following certificate:

"This is to certify that John Cockran was con-

fined in bed on February 28th."

I referred to the rector of the parish.

I was called up recently by a farm boy who brought me a message that "I was to come at once; missus was having children, she had had one when he came away."—From "Errors and Superstitions," by Sydenham.

—We note from a recent circular that the Antikamnia Chemical Company has extended its business into almost every quarter of the habitable globe. It has depots in the Philippines, in Central America, in the Hawaiian Islands, in Africa (North and South), in Australasia, in Turkey in Asia, in India, in the Antilles, in South America, in China and Japan, in Mexico, and in many of the principal centers of Europe. This bespeaks rare executive ability and exceptionally rare commercial instinct. Aside from the universally admitted excellence of the products of this enterprising firm, every editor and publisher who handles the advertisements knows that the correspondence of that firm is conducted with the most remarkable courtesy and affability: that the tenor of such communications invariably carry conviction wherever compliance is possible. business end of a medical journal—that dealing with advertisements does not often meet with advertisers who know as well what they want, and also know how to ask for it, as does this Antikamnia Company. There may be others back of

him, but the man who is visible to the editors and publishers is Mr. Frank A. Ruf, the president and treasurer; and he is certainly a pusher and hustler in the very best sense of those hackneyed words. Even a rabid homeopath can forgive a firm which employs the means and men of this famous Antikamnia Company, and admire them for their honorable way of soliciting trade.

-Dr. Hahnemann C. Allen, dean of the Hering College, and editor of the Medical Advance, stopped off in Cleveland for a few hours on January 26th, en route for New York. Dr. Allen looks not a day older than when last we saw him some years ago. He is full of life and energy and homeopathy. He assured us that the Medical Advance would again take its place with the foremost journals of our school, and that his present pilgrimage was in great part in that in-We shall be glad to add the Medical Advance to our homeopathic Drei-Bund-The American Homeopathist, The Medical Century, and The Medical Advance—in the hope that we three or three such as we will always meet and agree to keep Homeopathy to the fore. Some of our early lessons in homeopathic editorial writing were learned while assistant editor of the Medical Advance. There is to be a renaissance of homeopathy all along the line. Gentlemen and ladies of the profession, drop the omphalic contemplation and admiration and adoration of the technique for a while and come back to pure homeopathy. This doesn't mean high-potency, or moonshine theories, but it does mean Homeopathy. Begin at the beginning by reorganizing our alleged homeopathic colleges: examine their text-books; study the teachers; and overhaul their work. Refuse to recognize any college which gives preference to allopathic text-books over those made by our own writers. Dr. Allen is a stanch and stalwart homeopath. His name has been a household word in homeopathic literature for many, many years. His college has taught the truth. Its graduates are carrying on the good work. Let us bend our energies to the study and promulgation of homeopathy first and foremost. Surgery and other mechanical devices need not be imperiled. Homeopathy does not, cannot change. Surgery has shifted and is continuing to shift constantly.

—Dr. Kraft's next European tour will include Queenstown, Cork, Lakes of Killarney, Dublin, Liverpool, Kenilworth, Warwick, Stratford-upon-Avon, London, Amsterdam, Brussels, Cologne, The Rhine, Heidelberg, Berlin, Vienna, Venice, Rome, Genoa, Lucerne, Strassburg, Metz, Paris, and other intermediate points.

Will sail from Philadelphia, in July. Absent forty-five to fifty-five days. Terms moderate.

Apply early.

# The American Ibomeopathist.

MARCH 15, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



GEORGE TAYLOR STEWART, M. D., New York.

THE Medical Visitor editor has the sympathies of a brother editor in the non-appearance of a star editorial in time for its most effective work. The editorial in the February number urging the remaining at Niagara Falls of the American Institute, whether or no, failed to be seen by the profession until the end of February, a week or more after the whole question had been settled by the direct vote of the membership. Possibly, if this editorial could have been taken from the print-shop in time, and given wide publicity, it might have very sensibly changed the result.

\* \*

T is to be noted that, as usual, in all such cases made and provided, the new electrical consumption cure, which will boom Cleveland to the

skies, is the invention of a man who is a chemist and not a physician. That's the way bugteriology got its foothold—through a lot of chemists. An educated and well-trained physician, who has dealt with the imponderables of health and disease a few years, soon falls away from the gosling notion that disease is an entity, which may be removed with a screw-driver, a corkscrew, or a liege-halle. When one comes in direct contact with the laws of heredity and environment, then all the fine-spun theories of the sciences fail us—save as they may direct our minds into new channels. No one would be more happy than ourself could it be demonstrated that consumption was curable.

\* \*

A ND when we use the word consumption we don't want any professor or over-learned writer to tell us they mean "if-it-is-taken-in-time"! That won't work. That's too old a "gag." Any disease, if taken in time, can be changed or cured. Let us have some real cures of consumption! CONSUMPTION! not lung weaknesses, bronchial catarrh, and a half-hundred other difficulties with the lungs, that are as frequently healed with the homeopathic remedy as with electricity.

\* \*

ALREADY a Cleveland physician has been unwillingly drawn out of his professional obscurity and newspapered to the belief that the Ramage cure of consumption will very materially help a case of diphtheria. And there you are! "We haven't any new pantaloons to-day," says the urbane splay-footed, knock-kneed floor-walker of a department store, "but we have some excellent baking powder." Some of us remember that this trier of the new consumption cure on

cases of diphtheria, when he ordinarily treats a case of diphtheria homeopathically, does so with antitoxine, oxygen, and several other ponderable things—the carrying of all which the same requires a small express wagon.

# Materia Adedica Adiscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. (See issues of January 1st or December 15th each year.)

#### Gastric Ulcer.

In the treatment of this condition Tremaine says:

Arsenicum is the chief remedy. Arsenicum inflammation invades primarily the stomach and intestines. All arsenical catarrhs are acrid and irritating; the mucosa is infected, and after a time may become eroded and ulcerated. In no other form of gastric disease does the general system suffer so much as in the arsenical. The pain is often confined to one spot. There is burning pain in the epigastrium, with thirst, restlessness, and anxiety, and the patient is often unable to take more than a little fluid at one time. Violent vomiting is excited by eating or drinking, and all nourishment is ejected as soon as it reaches the stomach. Vomiting of mucus and bile, often mixed with blood, is frequently present with violent pain and sudden prostrations. The stomach is always extremely sensitive.

Argentum nitricum.—The anæmic or sclerotic condition so often present will suggest this remedy. The great usefulness of this remedy in severe chronic gastritis calls our attention to its value in ulcer. Patient is excessively nervous; much flatulence, pain below the ensiform cartilage, often confined to a small place extending through to the spine; much distress and excessive tenderness at the epigastrium; vomiting of large quantities of ropy mucus; cannot bear least food on account of increased pain.

Belladonna is useful as an intercurrent remedy when much pain is present.

Nux vomica should be remembered for its great influence over gastric digestion.

# Veratrum Viride in Puerperal Eclampsia.

Dr. coston \*\*\*, from his own experience and that of others, offers the following conclusions:

(1) Veratrum viride is a perfectly safe remedy. Even when used in extra large doses no

danger need be feared, so long as the patient is kept in the recumbent posture.

(2) It is almost a specific, when used early,

for all cases of puerperal eclampsia.

(3) Those who inveigh against it have used it either not at all or too sparingly.

#### Senile Apoplexy.

Dr. N. B. Delamater <sup>10</sup> believes that, after the first three or four hours, arnica is probably the best remedy to use; give the 3x every two hours. This is the remedy, whether the attack be the result of traumatism or not. It is supposed to check additional hemorrhage and prevent the tendency to recurring hemorrhage. The patient should be given liquid nourishment at regular intervals.

If there be a sudden rise in pulse and temperature, aconite (tr.) in drop-doses every half-hour for two hours, then every hour, is probably the

best remedy.

If there appears a marked divergence between the pulse and temperature, no treatment will be of avail. Under these circumstances there is no remedy that ought to do as much as five-drop doses of the deodorized tincture of opium, once an hour. If there appears a sudden pallor and weakening of the pulse, ferrum phos., 3x trit., every fifteen minutes, or if collapse seems very imminent, surround the patient with hot bricks, water-bags, or blankets, cover very warm and give three-to-five-drop doses of aromatic spirits of ammonia. After the coma has subsided the following remedies as indicated:

Aconite (3x).—Pale, sunken face; skin cool; pulse weak and slow; numbness and tingling.

Agaricus (3x).—In enfeebled state of the brain, patient is giddy, weak, apt to tremble, loss of memory, and dimness of vision. Is indicated in those cases that have been preceded by unusual wakefulness and excitement or irritation of the brain, especially if there is much twitching of the face and limbs with dilation of the pupils.

Arnica (30c).—In traumatic apoplexy and serous apoplexy especially. In the hemorrhagic it

is useful to promote absorption.

Baryta iod. (6x).—In torpid chronic cases, to promote absorption of the clot. Is useful to prevent recurrence, especially from sexual excitement; especially adapted to delicate and old people.

Belladonna (3x).—Flushed face, a bloated appearance, violent beating of the carotids, pulse full, hard, and strong; eyes red and pupils widely dilated, muttering, distortion of the mouth, difficulty or inability to swallow, and obstructed respiration.

Cocculus (6x).—Emptiness and hollowness of

the head, dizziness, with great nausea and vomiting, and a tendency to faint; fornication of hands and feet and difficulty in speaking and thinking.

Conium maculatum (2x).—Face bloated, purple, or livid; skin cool; pulse slow and feeble; pupils contracted and breathing extraordinarily difficult and oppressed. This remedy is decidedly homeopathic to the symptom paralysis.

Cuprum aceticum (6x).—When preceded or attended by convulsions, unusually pale, a marked

general deficiency of bile.

#### Cyclamen—Pulsatilla.

Dr. Aug. Koerndoerfer, Trans. Homeo. Med. Soc. of Penn.: These two remedies afford a most noteworthy exemplification of the importance of Hahnemann's teachings in regard to the value of the modalities in the selection of the curative agent. A few comparisons of modalities governing each may prove both interesting and instructive. Cyclamen is characterized by great thirst, whereas pulsatilla is thirstless. Cyclamen manifests predominantly "dread of fresh air," "feels better in a room," and "when sitting." Pulsatilla, on the contrary, has "great desire for fresh air," "feels better in the open, cool air," especially "when walking slowly." From these few examples it will be observed that, although the pathogeneses of these two remedies show a remarkable degree of similarity, it is equally true, nevertheless, that the modalities giving type to these symptoms invariably and unmistakably mark a distinction in the therapeutic sphere of each."

# AFTER THE BATTLE, BRETHERN.

A calm review of the place-of-meeting difficulty and its happy and successful solution leaves no one in doubt as to the excellency of the means employed in its proper and thorough adjustment. Personally, we were for insisting that the Executive Committee obey the command of the Institute—i. e., if they had found the place selected by that Institute in a closing hour at the Washington sessions to be inadequate, they to make the change to some other point. To us their duty in the premises seemed clear. In the face of the strenuous objections urged by the few-some whereof seem not to be able to comport themselves with fairness in their defeat—the Executive Committee devised a means which most effectually put all doubt at rest and secured the actual wishes of the Institute. This was done by means of a circular letter explaining their investigation, the inadequacy of the place selected, and the advantages and disadvantages of other places

investigated. Together with this was a return post-card asking for the member's vote. The membership thereupon had an opportunity to vote, and the vote was so decisive that Richfield Springs is unquestionably selected to be the next

meeting place.

We look upon the large vote—969 ballots, with 569 for Richfield and 281 for Niagara Falls—as commendatory of the Executive Committee's action, as well as confirming the Committee's belief that the latter was not the best place for this year's meeting. No unfairness can be alleged in the matter, since for months the country has been "papered"—that is, filled with letters beseeching the retention of Niagara Falls for the meeting point. One, and later another, journal took up the cry for Niagara Falls; so that the profession and the Institute membership was fully aware of the struggle going on. There could have been no fairer proceeding than that of the Executive Committee, which is to be especially congratulated and commended for its wisdom and square-dealing. Every good American abides by the decision of the ballot, and, all united, can now return to the work of making the American Institute meeting at Richfield Springs a notable one for homeopathy and allied science.

A closing word as to Buffalo and that contingent of the Niagara Falls voters which voted in good faith, because of a wish to attend the Pan-American Exposition. A reading of President Norton's circular will disclose to them that a few hours carries them from Richfield Springs to Buffalo. It is not as if the Institute had been cast in a place remote. It is in the same State and within easy railroad distance. There can be no reasonable doubt of special rates being given on all roads going to Buffalo. Is not this infinitely better, first, to attend to our necessary business at the American Institute with quiet and comfort to aid therein, and then take our holiday at Buffalo and Niagara Falls? Will not the rest be the sweeter for having earned it, with the reflection that we are honestly entitled thereto, and are not playing while under promise to the Institute to attend its serious work?

The Institute will open June 18.

#### SURGERY AND POTENCIES.

The editor of the Charlotte Medical Journal copies an advertisement from a homeopathic journal offering a good opening for a homeopathic physician, with a good knowledge of surgery, in a thrifty town of California; and then adds: "Is it usual for the young homeopath to know nothing of surgery? Is he supposed to learn this branch after he graduates? We merely ask for information. On further consideration we suppose that the higher potencies are so potent that surgery is really unnecessary."

This learned editor is to blame for not knowing that to-day there is more surgery taught in the average homeopathic college than anything else. He is necessarily a reader of Homeopathic exchanges, and well knows, or could easily know, that the few remaining homeopathic editors in the fold of similia have been bitterly fighting this blood-thirsty tendency in the homeopathic college for the last ten years. There are good reasons why some of the present-day (old crop) homeopaths do not give all their time to the practice of surgery; and among these are the facts, as the ridiculing editor has himself said, that many of the things which the modern homeopathicallopathic graduate instantly wants to saw into, gouge out, or pull off, could be, and was, in the immediate past, cured by the properly applied remedy. Of course this will be greeted with jeerful smiles, not alone from the excusable oldschool editor, but from ninty-eight per cent. of the modern homeopathic graduates. The stories told by that Sweet Melanchthon of Homeopathy —Dunham—and the lion-hearted Hering, as well as the long line of homeopathic giants who immediately preceded and succeeded them, are fairy tales—tales told in the therapeutic gloaming and copiously bedewed with salt, in order to beguile the unwary into adopting homeopathy as a profession. Still, how many of the present-day homeopaths—those who study their cases as every homeopath should do-do not find many cases given over to the surgeon's knife as a last resort, yet which, because of some insuperable obstacle—lack of funds for one thing—have tried one more doctor, this time a homeopath, and been restored? Do we not all know of such cases?

This learned brother of the other school is to be pardoned his lack of knowledge concerning the truth of Homeopathy, when he speaks of the potencies. For he is not alone in his affected belief that a homeopath cannot prescribe a homeopathic remedy unless it is given in the DMM. In our own city, when a student or friend asks concerning our own (personal) work, he is usually informed by those who do or do not know better: "Oh, he's a high-potency prescriber!" And after that there is nothing left except to—be a high-potency prescriber. There is no farther depth of degradation or echoless cave of infamy for a homeopath to descend into. While witnessing an operation a few weeks ago, one of the assistant surgeons asked this question of us: "Doctor, did you ever cure a case of psora with a high potency?" In the evident understanding of this young surgeon, who gave more than ninetenths of his college-course and study-time to

surgery, while ostensibly serving at a homeopathic anvil, a homeopath is a man who gives the CM on every occasion—one dose dry on the tongue, wait eighty-two days, and until the moon enters the proper zodiacal constellation; then follow with a hatfull of blanks. Hence he will have none of it; and, therefore, less than a year after his graduation from an alleged homeopathic college, he went over body, soul, and technique to the old-school college, took its final year, and now practices both ways! We may seem to have drifted from our moorings in ringing in all these side issues, but a closer observation will show them related. The homeopathic college does teach surgery; and it does not teach homeopathic therapeutics as a paramount issue except in a few isolated instances. Let us again say, and make it as emphatic as three or four lines would be under every alternate word of a young woman's postscript: that homeopathic therapeutics Does Not Begin where Surgery leaves off. Surgery is the handmaid of Medicine, which means therapeutics.

#### LOVE AND GOULD.

Dr. Love, the talented editor of the Medical Mirror, now reflecting the editor's brilliancy and worth from New York City, is the only real editor to date who has had aught of unkindness to say of Dr. George M. Gould's recent and rather precipitate outspanning. Of course this doesn't include the masterly lucubrations of the Medical Visitor, and those others of the brainier of our homeopathic exchanges; for the homeopaths—those few who are sectarians and nothing else—have a standing grievance against the said Gould, and this seems a fitting opportunity for evening up the old score—Dr. Gould being down!

Just what Editor Love has laid up against Editor Gould does not specially appear, unless one may infer a bit of rivalry as between two well-edited and well-conducted medical journals of the same faith. For we remember quite well to have read, and not very long ago, a paper by Dr. Love defending, as for himself and journal, the very policy which now he seems to be condemning in editor Gould. Dr. Gould has a bad habit of attacking wrong-doers and the things wrongly done, which habit has made these people and things so pilloried not only uncomfortable, but restive and very wishful for the downthrow of Gould and the silencing of his pen, and press-freedom in general.

So good many people, in the profession and out, demur at the tendency of the press to discuss men and matters in a personal way. A party by the name of Quay, it is alleged, is trying to introduce

a bill into the Pennsylvania legislature looking to the punishment of editors and publishers for writing and printing opinions, and even for portraying the actual truth. These goody-goody people affect to believe that a journalist, like the fabled and storied minister of Jesus, ought to go about doing good, quenching the burning flax, binding up the wounds of the bruised ones, and lending succor and other things to the destitute and borrowful ones. Only this and but little more. That if a medical man is clearly caught red-handed doing a shameful contract-practice, when he doesn't need it any more than a cat needs two tails; or a starvation lodge-practice, subversive of medical ethics; or a corporationpractice at ten cents per; it is distinctly improper to refer to those facts, in an impersonal way, in order that others, seeing the wrongs, may avoid or quit them; but, on the contrary, his duty is to depict in bright and enduring colors, with transparency and drum-and-trumpet accessories, how good and nice and sweet this medical man is in his home life; how exemplary in his hospital life; how that he never or seldom ever squeezes a nurse's hands behind the dispensary door while whispering to her sweet and airy nothings concerning his wife's causeless jealousy.

Or if some articulo mortised medical person standing high and firm in the eye of the profession (and morning newspapers at frequent intervals), has done some undesirable and distinctly unprofessional thing in theway of wrecking a college, or converting it from the ways of pleasantness and peace into an armed camp of disputing and wrangling professors, then, the proper thing for the journalist to do is to enter the sanctity of that eminent wrecker's home and note how he kisses his wife each morning just after the buckwheat cakes and sausage gravy; how he attends the neighboring church with his three daughters and seven sons, all becomingly arrayed in shining morning faces and other appropriate apparel, with toes turned out; how he presides at medical, religious, and political gatherings; and these latter homely and splendid virtues are the things with which the subscription-paying profession of

medicine is most concerned. Selah.

If a homeopathic college—note the "if"—for we do not charge that any one of our colleges has ever dreamt of any such thing in its philosophy -but if any homeopathic college has wandered from the beaten path of the Organon, and the law of similia, and all those other essential things which once upon a time were deemed essentials in the building up of a homeopathic character and has plunged into blood-abomination and combination-tablets and bugteriology and selfish quarrels and self-lauding and self-electing tactics and the casting out of assumed rivals in that roster—why, in that case the duty of the medical

editor is clearly to show how the head-pusher of this aggregation of medical and surgical unloveliness often does operations at the hospitals, or goes to distant points, or before the class, or at the dispensary, for which he never charges a single red-copper cent; that Ilis Sir Eminent Respectability has been known to weep an exceedingly bitter weep when, following upon the indictable carelessness of a ward nurse in leaving open a window, the operated-upon patient has been given a cold and immortality. And the latter and not the former is the item for which the profession is pining and falling over itself in its mad attempt to be permitted to subscribe its dollar per annum and get additionally an arm-load or a wheelbarrow full of extra numbers gratis in order to swell the grand total of issue.

It is wrong to point to the palpable injury which certain medical institutions are doing to the on-coming and after-coming medical student, because in their mad pace in the race these institutions fill that young student with current fads and nonsense, to be rapidly followed by others as they reach our shores from the "made-in-Germany" factories, instead of inculcating the almighty force and power of truth in Homeopathy! It is wrong and undignified and unprofessional to cast ridicule, even impersonally, upon the conduct of certain of the profession who are doing their infernalest to destroy a society, or college, or system of medicine, if that system, or college, or society happens to be at cross-points with the chief schemer's personal or professional wellbeing and well-doing. In all such instances the paramount issue with the medical editor is to fill his pages with blanket and text-book essays; and if the personality of the culprit must be dragged in by the heels it should be done by showing that he is a devout Christian; that he believes in the Y. M. C. A., the unpardonable sin, and total immersion; that he tells none but rose-leaf stories even in his completest unbendings; that he uses neither fermented liquors nor unfermented tobacco; that he wears a Jaeger hair shirt, combination underwear, white-woolen knitted gloves, and ordinary calfskin shoes. Again, Selah!

#### MORAL LEGISLATION.

That nice little, neat little, good little notion that legislation can keep two intensely loving people from getting married because the one or the other or both together have inherited complaints which, in the wisdom of a legislative committee, may tend to reproduction in their offspring, if any should offspring, is beautiful in theory, but will fail utterly in the carrying out. Even as matters are now, with people esteemed ordinarily sane and rational in all worldly and other matters, when opposed, as they sometimes are by interested parents or relatives, it is but too well known how little such opposition and objections weigh. Germany and Austria, where the marriage license is refused unless the twain can show a certain amount of savings, the horde of illegitimates is notorious. It is from this vast army of degenerates that our American students, who take a finishing-off in Berlin and Vienna, get their knowledge for treating diseased conditions in American men and women born in pure and sweet wedlock!

Restrictive legislation may, it is true, forbid the legal marriage to take place. But that is all. No power on earth—nothing save restraint in prison—can keep offspring from appearing that ought never to have been spawned. Is it not infinitely better for the public weal that epileptics and consumptives and syphilities and some insane marry, even if their offspring be burdened with the ailments of their parents, than to have the horrible leprosy appear in our very midst, illegitimately, where it may taint the best blood of the land? As married folks the evil may be somewhat kept under medical surveillance. the result of illicit commerce, there is no possible way of taking it in hand until too late. If people with these diseases are, in effect, criminals, then why not cut the gordian knot with one fell swoop, or, rather, tighten it in the form of the bow-string—about the neck? and thus end all. Then, again, assuming that people so afflicted are criminals, have they no rights in the eye of the law? Shall they be hounded and dout-ed to the very verge of the grave? Will not humane treatment of these, as with those others incarcerated in penal institutions, tend to ameliorate their physical as well as their moral and mental condition?

There seems to be rampant in our land a body of people, monomaniacs, whose whole tenor of life seems to be to put new and stricter restrictive legislation on our law books. Everything is to be regulated and measured and weighed. Talk about the paternal government of the effete powers of the East! What are we coming to in our boasted land of freedom? If there be smallpox in the borough send the politically appointed ward doctor to every citizen, and with the aid of the local constabulary vaccinate every mother's son and daughter of them. If there be a few cases of diplitheria, then the Board of Health issues its ukase that antitoxin must be injected. If an honest man, duly and truly qualified for the profession, offers to come to Ohio to practice medicine, he is met and beset by half a dozen petty restrictive laws which make it an impossibility for him ever to enter the state and practice medicine. If a boy reaches an age when he ought to be learning something with which to help earn a livelihood for himself and his parents, he is debarred from professional life by restrictive legislation; and he cannot be apprenticed to any trade because the trade unions control the number who shall enter in competition with them. When will this legislative mania cease?

#### WHAT DID THE VOTES SAY?

Why, this:	
Richfield Springs	569
Niagara Falls	281
Montreal	56
Cambridge Springs	
Blanks	36

Total vote cast .... 969

From which you note, brethren, that Richfield Springs is your choice.

When was there ever before, in the Institute, a more fair ascertaining of the Institute's wish? When, before, did the real Institute vote nearly

a thousand ballots for any one purpose?

When, before, was a vexatious problem so cleverly disposed of?

When will the "workers" and "politicians" learn that a reference back to the "masses" al-

ways destroys their pet schemes?

The people—the real membership of the Institute—are greater than the handful of politicians—when these latter wait until the shadows close in upon the Institute's sessions, before springing vital legislation.

Who's running the Institute?

The membership, or a select inner circle, which, as in this instance, assumed general control, engaged the International Hotel, and hired the Opera House?

Who gave them authority so to do?

No one!

What had the Executive Committee done to be threatened and defied in this shameless manner, in the event they ordered a change?

Does no one now suspect why the "workers" wanted the Institute staked next door to a circus tent?

Sir?

Well, they will, a little later on—when officer nominations loom up.

Irrespective of all this, Niagara Falls was not the best place, this year, for the Institute.

And those who, en route, visit the latter place and Buffalo will so declare.

We have not maligned the Cleveland homeopathic profession in our most recent editorial.

It was natural for them to vote—not solidly,

however—for Niagara Falls.

Niagara Falls and Buffalo, also, voted solidly

for the same place.

Only a handful of Clevelanders wanted Niagara Falls. Their motive was plain and excusable. Bread and butter is larger than public weal.

We were as selfishly concerned in Niagara Falls as any other homeopathic Clevelander.

For, since our just removal from the emoluments of professorship, we depend wholly upon our parish practice.

And a two-dollar, single-night-go-and-return boat-ride would have been preferable to going

farther afield or afloat.

But the Institute means more to us than the

filling of our "bread-basket."

If the Institute once falls away from its primal estate to become a mere social purveyor, at reduced rates, then are we undone, and become a stench and a mockery.

Turn down-nay, throw out bodily-those schemers who attend only to advertise themselves, and lobby for offices—from president to general secretary!

The minority will revamp this question at

Richfield Springs.

Be prepared for it.

Put an iron foot on all speechmaking on the floor of the Institute when the place-of-meeting committee reports.

There was the same trouble and dissatisfaction, formerly, when speeches were allowed on the

nomination of officers.

Or make the selection of place a part of the regular ballot with the officers.

But keep the hired-orators out!

Moffatt of Brooklyn is evolving a new scheme for electing officers in the New York State Society. Watch him, and take his idea away from

Pardon, brethren of Buffalo. Your self-interest blinded you for the nonce. Bear us no ill will. We will visit you just the same.

The president, and his "cabinet" are to be congratulated upon the happy solution of the difficulty.

Finally, thanks, brethren of the Institute—the real brethren of the real Institute—for your interest and your vote.

Selah.

#### COD-LIVER OIL AND SARDINES.

The Charlotte Medical Journal, quoting from some exchange, mentions the happy way in which cod-liver oil may be administered to an unwilling patient, without his knowledge or consent. This consists in the simple substitution of codliver oil for the ordinary oil in any food of which the prospective cod-liver oil taker may be fond. It suggests, as an instance in point, the use of sardines. If the patient likes sardines, turn out all the oil found in the box and pour it full of cod-liver oil. And that patient will take his sardines and cod-liver oil and be never the wiser, but eninently and undoubtedly the better and healthier therefor. This sage little storiette, fresh every hour from the alleged brain of the bookmakers and prolific theoretical writers, is of a par with that other equally oily story of our salad days, told, of course, on Biddy, who, being ordered by her mistress, at dinner, to replenish the oil-cruet of the castors, quite naturally inferred that castor oil was the most appropriate of oils for a castor bottle. But the latter story differs from the former in that the guests did not unwittingly go on eating of that salad without discovery of the substitution. Any man who could eat sardines done in cod-liver oil, and not discover it, is too absolutely and unutterably unfit to live; he ought to be taken to some of the wilds of Indiana and there permitted to die the death—his continued living in this vale would be a serious mistake.

What a number of ridiculous articles appear from time to time in our journals credited to men of fairly good intelligence, but which are filled with the rottiest kind of rot. Once before we took occasion to speak of this penchant for advising the guzzling and eating of manifestly improper things in order to hide the taste or smell of some nasty draught—such as was formerly the custom of giving by the old school, and as has latterly become the fad of the improved-homeopaths.

The taking of castor oil still serves as a prolific nidus for advice in this regard. Some recommend its taking in coffee, in whisky, in milk, in cream, in molasses, in fruit, in beer, in gin, and in hundreds of other ways; no one seemingly aware of the fact that castor oil need not be taken at all, in view of the more recent and far more elegant substitutes for the always nauseating draught of our elders. There is no way of taking castor oil without taste. It may be temporarily disguised, but the stomach has it just the same. There is no way to extract a tooth, Mrs. Eddy notwithstanding, without hurt, no matter what form of anæsthesia is employed. There is always a reaction from violence done the human body, whether it be to the stomach, to the teeth, or to any of appendices. The little German woman who said she was cured of yellow "janders" in the old country by taking nine rainworms in a glass of beer, naïvely added that while it cured the "janders" it spoiled also already her taste for beer.

In our very early life we found that the use of

another oil in close combination very nicely faciliated the taking of castor oil. Our father, who was a shoemaker, usually added a dose of strapoil to the other, and the combined effect was very good. Our good mother, too, tried to sweeten and disguise the nauseating castor oil to us children, but we always discovered the cheat.

Use castor oil often and plentifully on your buggy wheels and the hinges of your barn door. But if you want to relax a constipated bowel, or churn up a sluggish liver, don't "monkey" with castor oil, or any of its numerous congeners under whatever name or form. If you are a modern, scientific homeopath (limited), go and purchase a handful of the twenty-per-cent.-dividend-paying-homeopathy-firm's combination tablets recommended by so many eminent homeopaths, to wit: No. 43a or 157c, and give these until the patient will, indeed, feel that his latter end has "came." As one of the very learned homeopathic gynecological authors and professors is wont to say, after reading a severely and palpably old-school paper before a homeopathic society: "this is not homeopathic, I know, but"—you know the rest.

#### LIEGE-HALLE.

In the course of an excellent paper on how "To Prevent and Cure Consumption," which occurs by reprint in one of our Eastern homeopathic exchanges, we find, among other advice generously and freely given, the frequent recommendation that the patient make use of the "liegehalle." In one paragraph it reads: "For the day it has placed it in a reclining steamer-chair. It thus becomes the patient's 'liege-halle.'" In another part it is referred to as follows: "The apartment so constructed should be used as the living room and 'liege-halle' of the invalid." And in a concluding sentence it occurs in this wise: "The rest should be taken in a sun-trap on a protected veranda or other place used as the patient's 'liege-halle.'"

Now what may a "liege-halle" be? As we wish to profit by these publicly-given recommendations, many whereof appeal to experts in the treatment of consumption, we are wondering what form of medication or instrument this oftrepeated "liege-halle" includes. We have ransacked our latest book-acquisition: The Century Dictionary and Atlas; also the Encyclopædia Britannica; the ordinary English dictionaries; Dunglison, and Gould's medical glossaries, several hand and pocket medical dictionaries; but thus far without learning what a "liege-halle" is. An able French scholar failed to understand the word, and as we make some pretension to a

knowledge of the German speech we include ourself in the confusion of failure. Our French dictionnaire gives us the only record of the word, assuming that it is compounded, and declares that "liege" is French for "cork," and "halle," French for "market." But what under the created heavens can a cork-market have to do with the newest treatment of consumption? If this new word had appeared but once we would gladly assume it to be a typographical error in the reprint. But it occurs often enough to indicate that it is used with "malice pre-

We seriously object to the exploiting of an apparent public means for treating this great White Scourge, when, in fact, or at least, so it seems, the author or discoverer is introducing some proprietary means or medicine not to be had at any ordinary pharmacy or physicians' supply depot. It smacks amazingly of that Free Prescription, which the returned and philanthropic missionary (whose sands of life, while very nearly run, have not interfered with his other "sand")—that free prescription which is mailed to all applicants, in a plain envelope, for curing themselves of some unholy condition, but which prescription, when received, contains one or two alleged ingredients wholly unknown to medical chemists, and must needs be returned to the benevolent party with the sands of life, to be properly filled.

Couldn't this honest author or discoverer have found, in the vast and bounteous mint of English, some word, single or compound, to express his meaning? Or, in default thereof, explain in a sentence or even a whole paragraph what he meant, so that they who run might likewise read and understand, and be cured?

Is English played out?

#### WHY CALL ON THE DEAD?

In the discussion following upon our International Homeopathic Congress paper at Paris this past summer, Dr. Arnulphy took exceptions to a statement that homeopathic graduates frequently went from ours to the old school. This point we have already earlier referred to. The printed Transactions of this Congress (which is already at hand) contains the following from the renowned Dr. Arnulphy—still in the discussion upon our paper:

"Au point de vue de l'enseignement de la matière medicale dans les collèges américains, si elle n'est pas intéressante, c'est la faute du professeur et de la manière dont il l'expose. Croyez-vous que lorsque Hering, Hempel ou Dunham professaient la matière médicale, les élèves désertaient l'amphithéâtre? Croyez-vous qu'on ne suivait

pas fidèlement le cours de Farrington, cet admi-

rable professeur?"\*

We are not so sure about it, Dr. Arnulphy. When you pass your eagle eye over the list of textbooks recommended for use in our homeopathic colleges, in how many of these institutions américain do you find any serious mention of Hering, Hempel, and Dunham? These men, to be sure, are dead; but their works do live after them. We take no second place as lover and recommender of these homeopathic Grand Masters; and we go farther and say that if the homeopathic colleges would put these books into the hands of the class and stand by what is taught in them, very soon a better knowledge of Homeopathy would become apparent in student and practitioner. How many of the long list of professors in our homeopathic colleges, Dr. Arnulphy, do you suppose have read Dunham's unrivaled books, or possess them in fee-simple? How many of them know aught about Hempel save as a mere matter of memory or hearsay from some old-fashioned preceptor, mayhap? How many of them make use of or recommend Hering's materia medica?

Indeed, we question the advisability of recalling these three masters into the flesh, lest the modern students and practitioners of Homeopathy, not having known Joseph, turn upon and stone them, as was the fate of the olden prophets and teachers. For, think of it, just one calm mo ment—neither of these illuminati knew a single blessed thing about bugteriology, the microscope, gynecology, serum-therapy, and combination tablets. Of what avail, then, to return them to life, unless to show how utterly ignorant they were of the real secret of medicine. These men knew nothing except the curing of the curable sick. And even if the princely Farringtonpeace to his ashes, and honor to his memory! —were to be billeted for an hour's lecture on rhus tox., and permission were given the class, if they chose, to attend, during that hour, a surgical or gynecological clinic, how many vacant seats would be counted in the materia medica amphitheater? But why call on the dead? Why call on Farrington when we have his lineal descendant, and in his very chair, teaching as Farrington taught, with equal vim and vigor, and objecting to the materialistic and surgical trend of this generation, just as Farrington would have objected

The eloquence of neither of these great four would have availed in holding the class, so long as

\*Which, being freely translated by our French assistant, is something like this: "As to the study of materia medica in the American colleges; if it was not made interesting, it was the fault of the professors and their manner of teaching. Can anyone believe that Hering, Hempel, or Dunham, when teaching materia medica, would find their ampitheater emptied? Could we believe this same conduct possible on the part of the class, if the admirable Farrington was teaching?"

other chairs taught, or pretended to teach, "short-cuts" to the alleged cure of all ills, from dandruff to chilblains, by means of the knife, and combination tablets, and antitoxin, and pix creosole. No single man, however enthusiastic or eloquent, could hope to hold a present-day class against the other thirty-five or forty teachers who belittled and bedeviled the one chair which alone gave the college its title to existence. The correction lies in changing the trend of the whole faculty, as did one of the foremost of Eastern homeopathic colleges.

And again we say, Dr. Arnulphy, that things homeopathically have gone most radically wrong since your departure from Chicago, America.

#### REMINISCENT.

-Under "Odds and Ends," in Clarke's Homeopathic World (London), we find a paper by R. H. Bellairs, on Psorinum, which moves us to ponder and wonder. We remember quite distinctly how a distinguished English homeopathic author and speaker, while visiting Atlantic City during the sitting there of the International Homeopathic Congress, insisted that Millie Chapman's recorded experiences with psorinum were, in fact, wholly imaginary, since psorinum was naught but an itch-pustule, and that, in the potency alleged to have been given by Dr. Chapman, no possible curative effect could have been experienced. And we further remember how our dear sister Millie "warped" it to the eminent gent., to the amusement of the American contingent and the somewhat discomfiture of the Englishman. Now comes an English writer admitting the value of this formerly tabooed remedv! In Bellairs' paper we find a valuable line or two credited to Experto Crede—whom we do not recognize, unless related to the other Crede who discovered his expressive method-which says that "Psorinum is the constitutional remedy par excellence for hay-fever. I believe that few cases can resist its influence—Crede." That, we also recall, has been Hahnemann C. Allen's contention for many years, and we remember how he gave it in that condition and produced wonderful results.

Again, talking about Experto Crede—and since we are in the ruminant mood this glorious morning—reminds us of a student of one of our most rigidly requiring of preliminary education colleges who asked us concerning one Ibid to whom so many wonderful things were credited at the foot of the page? And yet another reminiscence, to wit, namely: that once, when we had lectured before a homeopathic class on psorinum, we were waited on later by a committee of that class and importuned, in future, to lecture only on the practical, homeopathic remedies!

# THE MEDICAL CIBRARY.

Cancer of the Stomach.

The new work which Dr. Osler has prepared with the help of Dr. Thomas McCrae, contains a careful study of all the cases of cancer of the stomach which have been treated in the Johns Hopkins Hospital since its opening on May 5th, 1889, until March 31st, 1898. They number, in all, 150 cases, out of which the proportion of males to females has been as 5 to 1, while 57 per cent. occurred between the ages of forty and sixty years. The white and colored populations contributed in proportion to their relative numbers, but among the white patients it was noticeable that most were of foreign birth, and especially of British origin. Comparatively few gave a family history of cancer or of old gastric trouble, nor could the cases be referred in any special degree to alcohol, mental influences, local irritation, or injury. There were no cases under twenty years of age, but 6 occurred between the ages of twenty and thirty, and in these young persons the disease ran a rather rapid course, and terminated as a rule somewhat suddenly. A surprisingly large number had a history of an acute onset, and on admission the symptom most generally complained of was pain; next to this came vomiting, dyspepsia, and loss of weight and strength. The pain was generally aggravated by taking food; but in others, where neither the position of the growth nor the absence of ulceration afforded any explanation, the ingestion of food was followed by relief of pain. Vomiting was especially related to growths situated at one or the other opening of the stomach, these symptoms being less marked when the growth was upon the walls. In one case, in which the vomited matter was foul and fecal, so that communication with the colon was suspected, the odor was apparently due to sloughing of the growth, as no such communication existed at the post-mortem examination. The appetite was practically normal in a rather surprising number of these cases, though in about half there was decided anorexia. Loss of weight was a much more common symptom, and occurred even when there were no marked diagnostic features.

The authors properly lay great stress upon the value of the examination of the stomach contents by the stomach tube. They consider the presence of blood to be always suggestive of cancer. Free hydrochloric acid was permanently absent in most cases but was present in some.

Lactic acid was generally but not constantly found. In several cases the authors were able to detect masses of malignant tissue by microscopical examination of the stomach washings. A tumor could be recognized during life in 115 cases, of which 48 were situated in the epigastrium. Inflation of the stomach usually dragged the tumor downwards and to the right, and contrary to the opinion of Broadbent, the authors assert that in their experience a much larger number of cases of dilatation are due to malignant disease than to any other single cause. They remark upon the occasional absence of both anæmia and cachexia, and attribute comparatively little importance to the evidence to be obtained from the examination of the blood as an aid to diagnosis, although in the differentiation of cases of cancer of the stomach from pernicious anæmia they consider that a blood count below one million red blood corpuscles is strongly in favor of the latter.

An interesting point to which attention is drawn is the fact that although as a rule cases of cancer of the stomach tend to get steadily worse, in certain exceptional instances there may be arrest of the downward course or even temporary improvement with increase of weight. In one of their examples this followed an exploratory incision, though nothing further was done on account of the extensive nature of the disease; in another a very positively reassuring opinion was expressed by a consultant. The authors' very careful consideration of all the elements of diagnosis leads them to the conclusion that the early recognition of cancer of the stomach cannot be made with certainty, and as they fully accept the opinion that the presence of a positively diagnosed tumor is a contraindication to radical surgical operation, they urge that exploratory incisions should be more frequently undertaken.

Where the growth is at the cardiac opening they are of opinion that gastrostomy should be done as soon as the obstruction is recognized, and before it constitutes any real hindrance to the taking of food, as to wait until the patient has become feeble, emaciated, and anæmic is to court disaster. They recognize the value, when pyloric stenosis has occurred, of making an artificial communication between the stomach and some part of the small intestine by which means life is prolonged, nutrition is improved, and discomfort lessened. Their views on the medical treatment of these cases are, as might be expected, not very encouraging but thoroughly sound. The best general tonic is in their opinion arsenic, and the

most valuable means for allaying symptoms and alleviating discomfort is the regular use of the stomach tube.

#### Kriegschirurgische Erfahrungen aus dem Sudafrikanischen Krieg.

The author of this small book, Dr. Küttner, was the chief of the German Red Cross Hospital with the Boers during the military operations of 1899-1900. The experiences here summarized were obtained mainly at the Modder River and the various engagements in the southwest of the Orange Free State until the taking of Jacobsdal.

The earlier pages are devoted to an account of the Roentgen ray equipment with the hospital; it seems to have been very complete, and in the hands of a special operator yielded excellent results. The author dwells on the difficulties experienced in this work, owing to the lack of clean water and the excessive prevalence of dust.

An interesting chapter is on the varying nervous shock following wounds by the small-bore rifles, and the remarkable attitudes assumed by the dead on the battlefield. The author is unable to explain these curious postures. Speaking of primary hemorrhage, the author remarks that it was rare to see much external evidence of bleeding, owing to the smallness of the apertures, but that internal hemorrhage was usually severe. The large arteries appear seldom to have been entirely divided, but the wounds inflicted on them was usually a clean cut through all the coats leading to severe, and in most cases fatal, hemorrhage. In wounds of the soft parts only by our Lee-Metfod bullet, the skin wound was found to be exceedingly simple and very small. These wounds were often overlooked and primary healing almost invariable; no cases of clothing being carried into the wound were noted.

The author's observations on the effects of injuries to the nerve trunks are most interesting. In most of these cases the track of the bullet healed readily, but the subsequent symptoms indicated partial or complete paralysis corresponding to the distribution of one or more nerve trunks. These cases presented many anomalies. Though the symptoms suggested complete division of a nerve this was not always found to be the case; in many the division was complete, while in others it seemed as though the nerve was merely grazed. This latter injury not only damages the nerve seriously, but leads to very rapid secondary degeneration. The pain in all these cases is acute, and often quite out of proportion to the apparent damage done. It is difficult under these circumstances to resist some operation for amelioration of the acute symptoms, but the results following explorations do not seem encouraging. It would seem as if absolute section or perforation of a nerve trunk was a less damaging injury than bruising by the passage of a bullet close to it.

Dr. Küttner is fully convinced that few cases in modern military surgery promise better results from surgical interference than injuries to the skull. The prevalence of gutter fractures is noteworthy, and these all justify trephining.

There is little to be learned from these experiences concerning the management of thoracic wounds, except it be that loose bone splinters should be removed, and that penetrating wounds seldom require any operative treatment. Hemothorax was very common, but the author does not advise aspiration unless the blood and clot can be thoroughly evacuated; this opinion is likely to be correct.

One turns with interest to see what Dr. Küttner has to say regarding abdominal injuries in war, for among the many lessons learned during the campaign, few are of greater value than those having reference to the surgical management of gunshot wounds of the abdomen. Our German confrère holds the view that operative interference is rarely needed. He further dwells on the fact that rest and quiet are powerful factors toward recovery. Those left untended and unremoved from where they fell for some hours did much better than those who were carried off more or less at once.

Shell wounds and those from shrapnel, taken as a class, were not only terrible in their character, but extremely unsatisfactory to treat. Sepsis was difficult to prevent, the best results followed free irrigation combined with superficial and deep suturing of the soft parts when possible.

#### La Diphterie, depuis Aretee le Cappadocien jusqu'en 1894.

Anyone who is skeptical as to the value of the antitoxin treatment of diphtheria receives strong re-enforcement here. The historical extracts which the author, Dr. Raoul Bayeux, has selected with excellent judgment from many old writers, ought to convince all that in its clinical aspects the disease has not altered one whit during the eighteen centuries that have elapsed since it was first described by Aretæus the Cappadocian. It has been more prevalent or more severe at one time than another; but even in its least deadly epidemics it still was fatal enough to be greatly dreaded. Dr. Bayeux's historical account further emphasizes the fact that during the ages intervening between Aretæus at the end of the first and Bretonneau at the beginning of the nineteenth century no improvement worthy of mention was introduced in the treatment of this

malady.

To Bretonneau and his immediate successor, Trousseau, we owe the systematic adoption of tracheotomy in laryngeal diphtheria; and it is difficult at the present time to realize the opposition that was roused against the frequent performance of this very necessary operation. Since Trousseau's day little advance was made in treatment until the year 1894. True, intubation, originally proposed by Loiseau and Bouchut, was revived by O'Dwyer; but it cannot be said that before the antitoxin era its results were more satisfactory than those furnished by tracheotomy. In 1894 the antitoxin treatment, the result of many patient researches into the question of immunity, was clearly and widely proclaimed to the medical world; and 1894 is the great date in the history of diphtheria. Dr. Bayeux has collected from every quarter of the globe well-authenticated statistics which clearly demonstrate the value of the treatment. To anyone wishing to study the question from the statistical standpoint, this portion of the book will prove a mine of information.

The rest of the work is occupied chiefly with an account of the treatment of laryngeal diphtheria by intubation. On this subject Dr. Bayeux is exceptionally well qualified to write. Not only has he an immense experience of this measure, but to him are due two notable improvements in connection with it, namely, the shortening and slight but important alteration in shape of the tubes, and the very simple method by which they can be removed from the larynx by external manipulation without the aid of any instrument whatsoever. It has, however, always seemed to us a pity that a less clumsy word than "enucleation" could not be employed to denote this operation.

In an able discussion of the indications for surgical intervention in laryngeal diphtheria the author draws attention to a symptom which he states to be of value, the contraction of the sternomastoid muscles during the act of inspiration. When this occurs there must be no further delay.

# The Autobiography of a Quack and the Case of George Dedlow.

There is a story current that at a ladies' college situated in the medical quarter of London the teacher of English literature one day asked the pupils what was the old English word for a doctor, to which a fair lady replied, "I know please, quack." Though the damsel's knowledge was inaccurate, yet there can be no doubt that quacks form an interesting object of study, and Dr. Weir Mitchell has dissected his specimen with

great care. The name of the gentleman was Sandcraft and he had as a Christian name Ezra, of which he was of the same opinion as was Dr. Johnson with regard to Presbyterianism. "I was called Ezra, which is not a name for a gentleman."

Mr. Sandcraft would have been a delightful person to meet. We occasionally come across quacks, not necessarily medical, somewhat like him now. His views on conduct were simple. "A fellow has got himself to think about and that is quite enough. I was told pretty often that I was the most selfish boy alive. But then I am an unusual person and there are several names for things. . . A man must have an audience or make-believe to have one, even if it is only himself." Mr. Sandcraft, having started in "practice," supported himself at first by robbing his aunt. His "practice" led him into unsavory by-ways, and having been indiscreet enough to be mixed up in the case of one "Lou Wilson—the woman that died last year," he was blackmailed by a gentleman who knew the circumstances into posing as a coroner and giving a certificate for the death of a man who had been poisoned. Later he took up spiritualism, but having deceived an aged and trusted client, was severely beaten by the client's son. Mr. Sandcraft's remarks concerning men like himself are so apposite that we quote them in full: "Whenever a person has been fool enough to resort to folks like myself he is always glad to be able to defend his conduct by bringing forward every possible proof of skill of the men he has consulted." We take leave of Mr. Sandcraft dving in a hospital from Addison's disease and are really sorry to part with him. The Case of George Dedlow is a story of quite a different character and in some of its details reminds us of the immortal adventures of Captain Castagnette, but for a scientific piece of fooling it is excellent.

#### De l'Anchylostome Duodenal en General et de sa Propagation.

This is written by Dr. Hyac. Kuborn, who has had exceptional opportunities for studying the diseases of miners over a long period, and the record of his observations on ankylostomiasis amongst these workers in Belgium must be regarded as authoritative. The writer brings out very clearly the fact that the anæmia which was so frequently met with in miners thirty or forty years ago was not due to ankylostomiasis, but was brought about by bad hygienic conditions. The miners in those days worked excessively long hours in a vitiated and often poisonous atmosphere. They were badly fed, and their work was more exhausting than it is at the present

time when so many labor-saving appliances are employed. The symptoms of this form of anæmia were quite different from those of ankylostomiasis. The anæmia was of the chronic and chlorotic type, with pallor, dyspnæa, palpitations, œdema, etc., and with marked fall in the hemoglobin value of the red corpuscles. The anæmia most frequently met with amongst miners in Belgium to-day, which is undoubtedly due to ankylostomiasis, is quite different. The symptoms are more acute, with pronounced and early gastrointestinal troubles. The stools are occasionally sanguinolent. The red corpuscles diminish in number rather than in hemoglobin value. It does not respond to iron, as was the case with the old anæmia of miners. The first appearance of ankylostomiasis in Belgium seems to have been in 1884; that is, about five years after it was recognized as existing amongst the workers in the St. Gothard Tunnel. It is assumed that the laborers, on the completion of the work, traveled to various parts of Europe, carrying their parasites with them. It is interesting to observe that the ankylostoma duodenale has been able to thrive at a temperature so low as that met with in Belgium. It is generally believed that the parasite requires a much higher temperature (70° to 80° F.) for its development.

# Diabetes Mellitus and Glycosuria.

Dr. Emil Kleen's experience as a physician in Carlsbad has given him exceptional opportunities to study the occurrence, symptoms, pathology, and treatment of diabetes, and the present volume is the result.

We note particularly the stress which he lays on glycosuria as a condition apart from true diabetes mellitus. Under the latter condition are usually included different pathological conditions which are imperfectly understood, but which are characterized by a faulty metabolism as a result of which, under ordinary diet, there takes place the excretion in the urine of an abnormally large amount of sugar. Thus diabetes mellitus is not a clinical unit, but a syndrome, the chief and most constant symptom of which is glycosuria, which is represented by very varying clinical types. As Dr. Kleen points out, there are numerous cases attended with the excretion in the urine of minute, yet distinctly pathological, amounts of sugar, which cases differ widely in clinical aspect and in prognosis from the diabetic type, and which should not be included in the designation "diabetes mellitus," and it is more particularly from the point of view of prognosis that the practitioner will do well

to carefully observe and classify all cases which yield proofs of the presence of sugar in the urine. When the power of consuming the ingested and digested carbohydrates is but little, or momentarily, impaired, and when the pathological excretion of sugar under ordinary mixed diet only slightly exceeds the traces of sugar found in normal urine, or is but transitory, the condition must not be considered one of diabetes mellitus, but of simple glycosuria. When, however, the excretion of sugar becomes considerable and more persistent, but disappears when the carbohydrates are decreased or withdrawn from the food, the condition then prevailing, and which generally is accompaned by other more or less well-defined symptoms, Dr. Kleen suggests should be known as the "mild stage of diabetes," while he considers that the severe stage of diabetes is characterized by the occurrence of glycosuria, even when the carbohydrates are withdrawn from the food. We quite indorse this classification, although the limits thus fixed are far more distinct on paper than in the reality of clinical experience.

Of all races, the Hindoo is most susceptible to diabetes. Next the Jews are highest in the scale of diabetic frequency. Dr. Kleen has come to the conclusion that there is a trace of glucose in normal urine and that the amount in 24 hours scarcely exceeds one-thousandth of I per cent. Some slight or occasional increase beyond this may often occur without noteworthy significance, but as soon as hundredths or tenths per cent. are reached the condition must be considered patho-

logical.

Dr. Kleen further points out that, although simple glycosuria often shows a decided tendency to remain unaltered for decades in spite of all sorts of pernicious influences, yet mild diabetes certainly not infrequently develops gradually from simple glycosuria, but it usually remains of the mild form.

Some useful hints are given, the first and most important rule being never to use for a test a specimen of urine passed when the patient's stomach is empty before the first meal of the day. This is a point which is frequently forgotten, with the result that a false impression of the case is received.

In the treatment of diabetes mellitus a rational diet must be followed, rather than an absolute one. By the latter term the author means a diet of meat and fat, with the strictest possible exclusion of carbohydrates. The difficulty is to decide in which cases of diabetes and at what periods carbohydrates must be entirely excluded, or where in moderate and strictly measured quantities they may be allowed. Herein lies the skill of the physician in the successful treatment of diabetes.

### Globules.

- —Dr. Dewitt G. Wilcox of Buffalo, the very efficient and prompt secretary of the Homeopathic Medical Society of the State of New York, has sent us a fine account of the recent meeting of that Society at Albany on February 12 and 13, which we hope to print in a latter issue—our present number being already filled. The Society did some good work and along homeopathic lines, which we commend to other societies.
- —No, it wasn't Cambridge Springs, brother, that was in the winds, as a possible place for receiving the American Institute. We suspected that some place in New York State would be the Institute's choice—but the manner of reaching a decision was truly novel and praiseworthy, for it clearly evidenced that the handful of voters at the antepenultimate meeting of the Institute did not truly represent the Institute's wish in the matter. And second thoughts are best.
- —A post-graduate course in orificial surgery will be held in the Chicago Homeopathic Medical College, corner of Wood and York streets, Chicago; beginning April 29 and lasting during the week. For particulars address E. H. Pratt, M. D., 100 State Street, Chicago. A week's course in this class of work, under so able a teacher as Dr. Pratt, will work wonders in a teachable practitioner. If you have the time, by all means attend one of these post-graduate courses and be benefited.
- —After a fight of nearly twenty years a medical law has been enacted in Texas as fair to homeopathy as to any other school. There is no country in the world that holds out so many inducements to homeopathic physicians as Texas. Every business and industry is in a flourishing condition. Our climate is unexcelled. For further information address

W. D. GORTON, M. D., Chairman Leg. Com. of State Hom. Soc. Austin, Texas.

—The Annual Re-union and Banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Wednesday, May 15, 1901. The Business Meeting will convene at 4.30 P. M., and the Bauquet will be held at 9.45 P. M.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Fifty-third Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music.

W. D. CARTER, M. D., '94, Secretary, 1533 South Fifteenth Street, Philadelphia.

- —Dr. A. Worrall Palmer announces his retirement from General Practice in order that he may devote his attention to the Diseases of the Nose, Throat, and Ear. Office, 138 West 81st Street, New York.
- —The President of the Chicago Homeopathic Medical College, Dr. John R. Kippax, gave a reception to the faculty and students on January 29, at the Hotel Metropole. Dr. Kippax is a popular gentleman, teacher, and physician, and there is every reason for saying that this reception was a success. The Chicago Homeopathic is always in the front rank.
- —Dr. Wells LeFevre of Pine Bluffs, Ark., is making a single-handed fight against the allopathic board of health of that town, predicated on his refusal to vaccinate by the arm route, because he is giving variolinum internally. He has already been fined for disobeying the law of this board; but he has appealed his case, and, with the aid of powerful lay friends, proposes to carry it up high enough to make it a State or even a national issue. Dr. LeFevre deserves the cordial sympathy and influence of every homeopath everywhere in his struggle with the hide-bound machinery of an interior Arkansas town dominated by the allopaths. We are deeply interested in his farther progress and wish him well from the bottom of our heart.
- The Boericke & Runvon Co., printers of homeopathic literature and homeopathic chemists, in New York City, announce the early completion of a new work by that prince of homeopaths, Dr. Seldon H. Talcott of Middletown, N. Y. Of course every well-posted homeopath knows this man by name, and has read after him, even if he has never enjoyed the rare pleasure of a handshake and a few moments' talk with Dr. Talcott. He is a very host in himself; and his discussion of homeopathic problems worth going a sabbath-day's journey to hear. From advance pages of his promised book we bespeak for it a wide subscription on the one hand, and a wider dissemination of the truths of homeopathy; because Dr. Talcott has been known for a great many years as the most successful of homeopathic conductors of the State's Middletown Insane Asylum. We have no fear to recommend this book, in advance of its appearance, knowing its author so well as we do. Subscribe for it early.
- —From the North American Journal of Homeopathy we learn that the San Francisco Homeopathic College has had a meeting, and, under the active leadership of those two good homeopaths, Boericke and Arndt, has instituted some new and homeopathic reforms. The San Francisco men and one woman—all honor to her!—are good homeopaths, and have ever been bent upon doing

their full, loyal, and perfect duty to every applicant for a homeopathic education. We congratulate this far-Western school upon its progress, and feel that it will do much to stem the tide of present-day fashionable skepticism in matters medical, and especially, in matters homeopathic.

—The Hahnemannian Advocate for January 15 comes to our table wholly freed of its former psychological papers and arguments proving that the size and shape of a man's head have the predetermining vote in the homeopathic prescription. Glad to see you back again, Brer. Pierson. We need you in our business. Let us hammer the life out of Unhomeopathic-Homeopathic Institutions, Limited!

—Dr. Bartlett, the "new" editor of The Hahnemannian Monthly, speaks editorially of the habit of many journals of printing extracts from other journals without criticism or comment. He does not say so, but it is very evident to every editor who edits (of which latter Drs. Bartlett and Biegler are eloquent examples) that this is a lazy trick; it is one resorted to, in the main, by the glue-pot-and-scissors editor, who never had an opinion above and beyond the pharmacy or college or hospital which has dubbed him editor of its crass and palpably commercial journal; or, if he happened to have an opinion, it is carefully bottled and laid away lest it offend someone in possession. It is pleasant to be able to say that this scissors editor does not occupy a front place in any of our journals—certainly in none of the better class. The old-school literature is very much built up on this scrap-book basis. As a large rule, the homeopathic press is given to individual opinions. That some few permit transparently commercial articles to appear where original work is expected or honest opinion paid for, is, of course, not to be ignored; but, as before said, it is a fault not half so often committed by homeopaths as by the old school.

—The Missouri Institute of Homeopathy will convene in Kansas City on April 16, 17, and 18. Dr. Aug. H. Schott of St. Louis is president. We bespeak for this sterling Association a good meeting. It is officered and chairmaned by men and women who are noted for their accomplishments as physicians as well as homeopaths. In the olden time a meeting of the Missouri Institute was sure to be an occasion long to be remembered. It was a place to refresh your homeopathic youth and come back to your work feeling that it was good to have touched elbows over—and possibly trod on each other's feet under—the mahogany, and that you had gained by your attendance. If names are any criterion of what will be served up at the feast of homeopathy and flow of soul, then President Schott and his coadjutors will make this an old-fashioned homeopathic love feast; it will be made worth the while of every Missouri Institute man and woman to visit Kansas City on the dates first hereinbefore set out at full.

—" Medical and Surgical Experiences in the South African War," by Lieutenant-Colonel G. Sterling Ryerson, M. D., Canadian Red Cross Commissioner with Lord Roberts, is an interesting book issued by Lambert Pharmacal Co. of St. Louis. It is a most creditable production from a printer's point of view, and well worthy of having, and may be obtained without cost by addressing the publisher.

—Another rumor cometh from a Western city that a journal of the blood, one which vaunteth itself as of some pumpkins, and says so in print, is deliberately giving itself away by the armful to whomsoever would carry it away. Thus also we increase our circulation. And like the man who dyeth his beard he thinketh he fooleth the whole world; when in all truth and soberness he deceiveth only himself. Devious are the ways of some publishers and their man Friday.

—The juice of the green pineapple, we are informed by an exchange, is accredited in Java and throughout the far East generally, with being a blood poison of the most deadly nature. It is said to be the substance with which the Malays poison their creeses and daggers, and to be also the finger-nail poison formerly in use among the aboriginal Javanese women almost universally. These women cultivated a nail on each hand to a long, sharp point, and the least scratch from one of these was certain death. Pineapple juice has been highly lauded in the recent past as an excellent adjuvant in diphtheria. May this have been on the principle of similars: the one poison antidoting the other? But fancy for a moment receiving a scratch from one of these finger-nails!

—The Medical Times of current date, quoting from a foreign journal, speaks of operations done without the contact of fingers. The author claims that fingers are never aseptic, and that the proper manner of operating is to use longer instruments, but never touch the tissues of the body with the fingers. And, so, another cherished bit of eyeservice is being knocked out of the surgical arena. For what could impress a waiting husband and anxious relatives more than the long preparation of washing and boiling and stewing of hands and cleaning of nails on the part of the surgeon, while the poor wifie is being anæsthetized? Before many years we will doubtlessly swing back to the dictum of Tait, that ordinary cleanliness is all that is needed. Once upon a time a man crossed the ocean. Just as the sun went down a sailor was playing the violin and this passenger took suddenly and violently seasick. Ever after, when this man heard a violin, he became seasick. Once upon another time, under the sudden stimulus of sprays and the like, a surgeon invaded the abdomen and had good success. Ever after that the sprays and things were given the credit, not the greater skill, courage, and daring, nor the more improved instruments and care.

—One cooking class, says the eloquent editor of the Medical Times, is worth a dozen temperance societies. Aye, verily! Will Mrs. Nation please note? Another early morning reflection is that in England people are considered temperance people notwithstanding that they drink beer and ale and the like at the table. What in our nation is considered temperance over there is designated as tectotalism. Again the hatchet is hewing its way into history—let the chips fall where they may.

—When a homeopathic professor of homeopathic therapeutics and homeopathic materia medica gives his principal time to discussing the physiological centers of a homeopathic remedy, what may be expected in the way of homeopathic knowledge-getting on the part of any member of that class? The physiological action of drugs is a necessary and desirable part of homeopathic teaching: but that is not homeopathy. Strange that professors in modern homeopathic colleges do not understand the difference.

—J. L. Ridley, M. D., Huntsville, Ala., says: I have used S. H. Kennedy's Extract of Pinus Canadensis, both white and dark. I can frequently cure gonorrhea without any other remedy. I use either as an injection, and prescribe the dark internally, where there is irritability about the mouth of the bladder. I have learned to regard it as a specific. In chronic cystitis I have derived great bnefit from it, and in leucorrhœa it relieves when many other remedies fail. It is a valuable remedy, and I have had marked success with it.

—Richfield Springs has, among other smaller, one very large and excellent hotel, The Earlington, where the Institute headquarters will possibly be. All reports go to show that the Institute will be royally entertained at this house, and that it will be just as well for the membership to engage rooms as early as practicable. President-Norton-and-General-Secretary-Porter's circular accompanying the proposition for voting, clearly defines the advantages of Richfield Springs and this hotel. Read it again and be satisfied that we will not be at the mercy of the waiters. The Earlington attends to its knitting in first-class style, which, in this instance, means first-class attention to its guests.

—The recent letters of Timothy Field Allen in the Homeopathic Recorder sound the tocsin for a rehabilitation of Homeopathy. Are you reading what he says about cures After Surgery had done its Best? Try then, and see if you cannot find parallel cases in your practice, Messrs. le Chirurgeons. With no special hard feelings against the surgeons as surgeons, we do urge upon those members of our guild who fly the homeopathic beauseant; to give a thought occasionally to Homeopathy; to uphold and defend the homeopathic principle in some of their most complicated mechanical cases. Homeopathy is not merely the giving of aconite in fever: it is the whole of medicine—which includes even surgery. Come back to your birthright, gentlemen! See if you cannot find reparative measures in the homeopathic materia medica, where now, under the stress of old-school reading and teaching and irritation, you are employing old-school tactics and technique. Bugteriology, and serum therapy are fast leaving the stage of medicine. This we glean from the pages of old-school literature. Let us have a union once more of homeopathic materia medica and surgery,—the one a handmaiden of the other. This arraying of the twelve or seventeen chairs of the modern homeopathic college against the one or two which give color to the title over the front door should be denounced as the Unpardonable Sin of the homeopathic college. There is no need of it whatsoever. And yet that is what is being done every day, directly or tacitly. Either an outright ridicule of the potency question, or a belittling of it by the prescribing of harsh and unhomeopathic medication. And then we sit cowardly by and permit anyone to charge that homeopathy has not made a single addition to the long score of medical advances since its birth! Teach Homeopathyteach it honestly. Begin with the Freshman class. Keep it up through the other three classes. Let it be visible in the gynecological lecture and clinic. Put it to the front of the operative clinic. Keep it in the hospital. Make the last-March homeopathic graduate and interne see that it is not forgotten at the bedside. Forbid the use of an allopathic drug when a homeopathic remedy will suffice. Refuse to O. K. a dispensary bill which is seamed and blemished with ounce and pound bottles of notorious old-school drugs and measures. Keep everlastingly at it, until Homeopathy again shall feel at home among homeopaths.

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# The American Bomeopathist.

APRIL 1, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

#### OUR PORTRAITS.



CHARLES M. BROOKS, M. D., Philadelphia, Pa.

PROMINENT homeopathic practitioner, A recently feeling himself indisposed, and with that fatal self-knowledge of the profession, after an examination decided that some terribly malignant thing was devastating his interior decorations. He called in two experts in Interior Decorations, who, upon gravely examining and sitting upon his case, pronounced it cancer of the pyloric or the other gateway of the stomach—don't remember which it was: but it was certainly cancer. The poor practitioner bore up fairly well under the diagnosis, and then—took a good heavy dose of cathartic medicine. And that was the end of the cancer. To-day this former condemned practitioner is fat and sleek and round, and the merriest of merry fellows to meet on the sick-round. Great is the scientific diagnostician!

CALLED to a house where everything was in abundance except cleanliness and antiseptic regulations. The people usually took a foot bath in the dishpan and made salt-raising bread in the wash-basin. Two boys lay in a feather bed; the one aged four, the other twelve. For two days we were in mortal fear lest we had dropped into two cases of smallpox. On the third day, under the action of belladonna,—which was the very plainly indicated remedy,—the one developed a good case of diphtheria, and the other scarlet fever. Which caught it from the other, and how? Both lads are well now, and the older again assists his father in driving a milk wagon.

I N one family, some time ago, a number of its members had diphtheria. The attending physician dutifully notified the Board of Health. That department promptly called and placarded the house. The children were ill the better part of three weeks. During all this time the family business, which was the baking and vending on the street from a wagon of home-made bread, went on without let or hindrance. Great-indeed, most Great-is the Board of Health, in protecting the populace from the spread of contagious diseases! In this case nothing was done, except to keep the children from school,—where they could not have gone had they wished, being ill in bed,—and the restricting of visitors from going into the bedrooms. But the bakeshop was open and its goods sold to everyone. In another instance we saw the blue "Diphtheria" sign tacked against the lower panel of the front door of a saloon. Whether this deterred the thirsty ones from going in we have no means of knowing, as we do not drink-in diphtheria-quarantined saloons.

### Materia Medica Gems.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

From the Transactions of the Homeopathic Medical Society of the State of New York.

#### Silicea In Caries of the Bone.

Regarding this remedy W. M. Hilton, M. D., says:

Its deep and slow action makes it appropriate to chronic rather than acute diseases. The one especial property of silicea is the power over suppuration. It does not act like mercury in averting this process when threatening, and it is inferior to hepar sulphur for promoting it when inevitable, but when it is established, and by its excess or long duration is causing mischief, the effect of small internal doses of silicea

in checking it is very remarkable. Case.—Mrs. R., aged thirty-five; tall and spare, had a discharging sore upon the inner side of the right tibia, about 2 1-2 inches above the ankle joint, which would apparently heal; then in a week or two break out again. This had continued during a period of about two years, causing her a good deal of pain and inconvenience; the whole leg below the knee becoming very much swollen at times and inflamed. She had consulted several physicians and used a great many kinds of local applications, ointments, salves, etc. She called upon me for advice, and my diagnosis was caries of the bone and I so informed her, and also told her there were two methods by which she could be treated: the quicker method, a surgical operation; curetting and removing the diseased bone. The other way, by internal remedies. She decided to try the latter, and I gave her silicea, 6th attenuation, four times a day; and within two months she brought me a piece of bone, about an inch in length, by a half at the wider end, and pointing or sharp at the other. The sore quickly healed; and I kept her under observation for about five years, and there was no return of the trouble. During this two months several smaller pieces of bone were exfoliated.

#### Cinnabar in Rheumatoid Pains.

Dr. Candee: A short time ago I was able with cinnabar 3x to relieve what had been a very troublesome case of pains in the forearm, from the elbow down, and including the hands. These pains were rheumatoid in character, were very severe, accompanied with numbness in the hands. The case had resisted good treatment for a long time and the only marked feature

of the pains, aside from their localization, was the decided aggravation at night. Cinnabar 3x cured the case.

#### Arsenicum in Marasmus.

One more. I am referring to one of our oldtimers, arsenicum, in a case of marasmus, a girl ten years of age, who had been prescribed for very carefully and thoroughly for a considerable time; presenting a very high degree of malnutrition, with complete anasarca. amount of food taken was ridiculously small and rather peculiar in character; everything disagreed. There was a thirst with disagreement of water, a tendency to looseness of the bowels, and there developed in the case—I think it was one of the things that led promptly to the selection of arsenicum—I remember the face looked dry throughout in all its manifestations; the face was red and dry. Arsenicum 30 turned the tide in that case and made a cure. I think, later on, there were two or three doses of psorinum, but arsenicum did it.

#### Ammonium Carb. in Nervous Cough.

Dr. Hartman: I am inclined to believe that we do not cure because we do not study the materia medica enough. About four months ago a patient was referred to me who had been having a cough for about two years; she was never free from it, and it only became more aggravated at times. The sensation was as if there was dust in the throat. It would begin about one o'clock in the morning and last until halfpast five. Then it would come on again in the afternoon about half-past four, and last until night. Now, she would cough almost incessantly. She was a very nervous individual, and when she was around you would think she hadn't vitality enough to live the day out. You would not think she had an ounce of blood in her whole body. With that sensation of dust in the throat and from one until five-thirty in the morning and from four-thirty in the afternoon until nine in the evening this would be aggravated. I kept prescribing, but got no results. I had to admit that I could not relieve it in any way. But I made up my mind that I had better read my materia medica. It was not a surgical trouble which was aggravating this lady; she had had this for nearly two years before she had any surgical trouble. She had been prescribed for by the best homeopathic physicians without relief. I went at my materia medica one night and spent about two hours, and gave her ammonium carb., and in fifteen minutes from the first dose the cough stopped. When the cough came on in the morning she took three doses of the remedy, and went to sleep. Since that she has taken the remedy for three weeks, and has had no return of the cough from which she was not free for over two years.

#### APPENDICITIS.\*

BY MAURICE P. HUNT, M D., Columbus, Ohio.

In presenting the subject of appendicitis to you I shall not attempt to cover the whole ground, but will take it up in a "haphazard," "hit-or-miss" sort of way, having the patient's welfare in view first, last, and all the time; the physician will take second place, but only second to the patient, and I will try to find a place for the surgeon before I get through.

The vermiform appendix is probably no more liable to disease than other structures of the body, but on account of its anatomical relation with the peritoneum it becomes a very important little or-

gan in the general make-up of man.

It is a slender tube of rudimentary gut which arises from the base of the cæcum.

It has no established physiological function. The appendix is covered with peritoneum, the same being continuous with that of the cæcum.

The muscular layer is very feeble.

The submucous layer is the most prominent. The lumen is lined with mucous membrane and empties into the cavity of the execum.

The diameter of the lumen is the size of a

twenty-two caliber bullet.

It ordinarily contains mucous and liquid fecal matter; sometimes a little semi-solid fecal matter or chemical concretion called an appendolith, which often resembles a fruit seed.

The appendix has a mesentery of its own, called the meso-appendix. This varies in length; sometimes it will extend to the tip of the appendix, at other times not more than to its middle.

It may be absent.

The mesentery exerts great influence upon the functions of the appendix. It is through this that the appendix derives its blood supply. The cause of appendicitis is always an obstruction of the lumen.

This obstruction may be from a contraction of some portion of the meso-appendix which causes the appendix to bend or twist upon itself in a way to close the canal and prevent the escape of mucous or liquid faces back into the excum. This matter is caught in a trap, as it were, and soon sets up an inflammation in order to get out of the trap. This form of closure of the lumen is usually traumatic; a blow over this region, violent exercise, such as running, jumping, etc, after

\* Read before the Miam Valley Homeopathic Medical Society,

a hearty meal, or a fall, striking upon the feet, will set up a local inflammation which results in a contraction of the mesentery of the appendix.

The obstruction may be caused by an appendolith. The appendolith is a concretion formed by a gradual collection of fecal matter in the lumen. It usually has as a nucleus some foreign body, minute in form; a hair, a fiber of wood, a small seed, like raspberry seed, is often found as the nucleus around which an appendolith is formed. The formation is so gradual that very little, if anything, is known of it until the obstruction is complete. The appendix has withstood the slow dilatation of its canal; nature has kept an opening around the mass for the secretion which forms; but, sooner or later, this little organ rebels and trouble begins.

Another source of obstruction is the deposit of fibrous material in the canal, causing stricture. This is, in reality, what is termed the catarrhal form, and that which usually gets well under

treatment other than surgical.

Diagnosis.—In the onset of the attack the symptoms are almost wholly subjective. There is a sudden oncome of pain in the epigastric region, with vomiting,—possibly purging,—elevation of temperature, rapid pulse, tympanitis, anxious countenance, and muscular tension of the right side of the abdomen. Now, I will admit that to diagnose appendicitts at this stage with only the above array of symptoms is somewhat difficult; but this much should be apparent to anyone, and that is, that something very serious is troubling the patient. It might be obstruction in the bowel,—strangulated hernia,—for the pain is located in the same place—epigastrium—in each. It is the duty of the physician, however, to diagnose the case, if possible, before resorting to treatment.

By palpation over the abdomen, if there is found this board-like feel of the muscular wall of the right side, with the extreme point of sensitiveness on pressure over McBurney's point, there can be little doubt about the diagnosis being correct if we say appendicitis. The pain in the epigastrium is reflex—just as it is in strangulation of the gut. The diagnostic point is where the highest degree of tenderness lies, and not the location of pain the patient complains of. The point of highest sensitiveness—McBurney's point—is located a little below an imaginary line from the navel to the anterior superior spine of the ileum, and a little nearer the ileum than the navel.

There are variations in the location of the appendix. Sometimes it is found lower down than the point outlined; it has been found on the other side of the body and above, but the epigastric pain and tenderness over the appendix are always present, wherever it is located, together with the symptoms as cited above.

Prognosis.—This must always be guarded. Appendicitis is a treacherous disease. The pulse and temperature are deceptive, and little dependence can be placed in either. A normal pulse may be unfavorable and, on the other hand, a rapid pulse may often be seen in the cases that recover. And when we open the abdomen and find a pint of the foulest of pus diffused over the abdominal contents, with the temperature not above ninety-nine, we see that the thermometer is about useless in these cases. The most severely painful cases are not necessarily the most dangerous, nor are the least painful ones always favorable. The sudden subsidence or reappearance of pain is full of danger. Vomiting is not a

dangerous symptom unless persistent. Treatment.—Pain is the first symptom usually calling for attention, and it is on account of this fact that a serious mistake is often made by the physician in attendance, in using opiates to relieve that pain. Opiates do not act curatively; they dull the pain and tenderness to such an extent that the landmarks so necessary for a correct diagnosis and understanding of the case are completely lost. Called to a patient suffering intensely from the pain incident to an attack of appendicitis, with the accompanying rise of temperature, and high pulse, a dose of opium will relieve the pain, lower the temperature, and slow the pulse. The patient and friends mistake this full in the storm for actual improvement; and the physician is inclined to pat himself on the back; but he soon finds out that, while the patient may feel better, the disease is having its own way and the symptoms soon become alarming. Opiates should not be used in the treatment of appendicitis until the diagnosis has been fully established; and not then until every other means has been tried, and thoroughly tried, for the relief of pain. A flaxseed poultice, hot and frequently changed; or the reverse of that--ice bags—and the indicated remedy, will do the work just as effectually without beclouding the case. Aconite, arnica, arsenicum, bryonia, belladonna, camphor, colocynth, gelsemium, hepar sulphur, mercurius prot., nux vomica, opium, and veratrum album are remedies to be called for in the course of the disease. In connection with the remedy there are certain mechanical adjuncts which may be used to advantage, and the first of these should be a thorough evacuation of the alimentary canal. I believe this is imperative and is indicated in every case. An attack of appendicitis comes suddenly; the patient has previously been in good health, eating heartily, and the bowels may have been more or less constipated; even if this is not the case they are at least filled to their natural capacity with fecal matter, and in order to put the patient in the best possible condition for treatment they must be emptied of their contents. Nature may do this in a few days, but, unfortunately, she is too slow, so that mechanical means should be used. A very good prescription, and one which acts quickly and without griping is the following:

R Pure glycerine. I part
Pure olive oil 2 parts

When the stomach is quiet the patient may be given two tablespoonfuls of this mixture every half hour until decided results are obtained. The sweet oil is very soothing and the relief to the patient is usually very marked. Citrate of magnesia or Epsom salts may be used to advantage when the above is not well borne.

The use of the enema of warm water, together with the above, is very valuable, as it aids in emptying the colon. If the stomach rebels and the purge cannot be used by that route, then four to eight ounces of the glycerin-and-oil mixture in a quart of warm water may be given per rectum. In giving an enema the patient should lie on the right side, legs flexed, and pretty well over on the face. The fluid should enter the colon slowly and be retained for fifteen minutes or longer. Thorough cleansing of the gut tends very much to relieve the patient of pain, and it prepares the alimentary tract for an emergency operation, should this become necessary.

Another important feature in the treatment of appendicitis is the diet. The desires and whims of the patient must not be considered for a moment. He must be put upon a liquid diet at once. White of egg in water, buttermilk, malted milk, lemonade, cocoa, meat broth, pea soup, watermelon. Just so long as there is tenderness in the region of the appendix solid food should not be given. Many a patient has died from reckless feeding in one of the "treacherous lulls" of this disease.

On treatment much has been written in the last decade, a great deal of which is now considered trash. We find the same conditions obtaining in literature upon other diseases as well as appendicitis. Looking upon appendicitis as it really is, a treacherous disease,—the patient should be given the benefit of every doubt. Masked as the symptoms always are, it is utterly impossible for the physician to determine in the beginning of an attack the favorable from the unfavorable cases. He may treat a half dozen patients, all suffering from the treacherous, but properly diagnosed, appendicitis, and have them all recover, but he should not become "stuck" on himself and think that it was his superior treatment that brought them through, for this is not true; the fatal cases are bound to come sooner or later, and they may come in a bunch. By far the large majority of cases recover, or apparently recover, without operation. Statistics show that eighty

per cent. of all cases of appendicitis belong to this list. But statistics also show that more than half of these have recurrent attacks and that the former "recovery" was only apparent and not real. And clinical experience teaches that each recurrent attack is more severe and dangerous than the preceding one. As before stated, however, the physician in attendance cannot determine in the beginning of an attack the favorable from the unfavorable cases. I will make one exception to this statement, for there is one form—the fulminating—to be described later, which is easily recognized as belonging to the list of unfavorable cases. With this exception, then, all of his cases must be treated on either the expectant plan or surgically. If all cases are treated on the expectant plan-or medically-twenty per cent. of them will positively require surgical interference before recovery can take place; and in cases of this kind the surgeon is called so late that the operation is often useless, for statistics show that ninety per cent. of this class of cases will die without operation and fifty-five per cent. will die with operation. Now let us see if there are any advantages to be gained by the other, or surgical, method of treatment. Suppose all cases are considered surgical from the beginning, or as soon as diagnosis is made, and an operation for the removal of the appendix is done immediately, what, then, will be the result? I claim that the percentage of recoveries will be very much greater by following this method than it now is under the expectant plan of treatment. And as this is comparatively new ground, the underbrush not cleared away yet, I will explain more fully why I claim There is one point that is generally overlooked by the writers on this subject, and that is this: In order to do an appendectomy, or, in other words, to operate for appendicitis, the operation must be done very early in the attack, before perforation has taken place, or in the quiet between the attacks. An operation that is done after perforation has occurred and pus has formed is done to empty the pus cavity and give free drainage; and to search for the appendix in a pus cavity is dangerous and unnecessary work and often proves fatal to the patient.

Another point is this: An operation for appendicitis—or appendectomy, pure and simple—is a comparatively safe operation; opening into the abdomen and into a pus cavity with the thin, frail wall that nature has thrown out to protect the abdominal contents likely to break down at the least touch, is quite another thing; it is not a safe operation, but it is the last resort and the only thing to do. The patient will certainly die unless the unexpecter happens, viz.: rupture into the intestine, and unfortunately this complication is rare. In appendectomy the opening through the

abdominal wall is small, the appendix is easily found, the adhesions easily broken down, and the appendix lifted out. If, up to this time, there has been no rupture, the parts can be protected, the appendix amputated, the stump turned in, and, as the operation has been aseptic, the abdominal wound can be closed without drainage, and the chances for the patient's recovery are very much improved.

Treating the cases on the expectant plan, the surgeon is not called until late in the run of the disease. I mean, usually, he is not called until late. It may be then too late to operate early or too early to operate late. It requires more skill and judgment on the part of the surgeon to decide when not to operate in one of these cases than it does to decide upon the advisability of an operation early in the history of the case. I claim that it is not possible to operate too early in appendicitis even in the fulminating form; and here is where I wish to speak of the exception to the rule, in early prognosis; an early operation in this form of appendicitis gives the patient his only chance, as in the fulminating form the symptoms all go from bad to worse quickly; the patient may be attacked to-day and dead to-morrow. I have seen the abdominal contents bathed in pus from general peritonitis twenty-four hours after the beginning of an attack.

As I said in the beginning of this article, my plea has been for the patient and not for the surgeon. I believe, however, that if every physician were a surgeon, and could operate these cases immediately the diagnosis was made, that more cases of appendicitis would recover than under the present mode of handling the cases.

Look at the matter again in the way of recapitulation. Out of 100 cases of appendicitis 80 will recover from the attack without operation. Of the other 20, 18 will die without operation and 11 will die with operation. Of the 80 which recover, 45 will have recurrent attacks, and as they are recurrent attacks the chances for recovery are not so good. Now, if all cases were considered operative in the very beginning of the attack, with the very low death rate from a simple appendectomy—two per cent.—there would be a saving of several lives and no recurrent attacks.

# ADVANCE ALLEN AGAIN.

The Medical Advance appears once more upon our exchange table. It has been resuscitated and rehabilitated, with the old and only original editor of this once popular magazine—Dr. Henry C. Allen,—once more behind the pen. After a number of ups and downs, and

changes of proprietorships, and editorships, and law suits, and changes of titles, and other unpleasant things and doings, it comes up again as fresh and comely and strong as ever before. We are very glad to welcome it to its old place in the journalistic ranks. This (January) number contains a striking and interesting paper from the editor's practice, in which the expulsion of a rebel bullet is caused by the giving of silicea high. A great number of surgeons have, since the wound was received during the war between the States, examined and worked with the imbedded missile. But never with success. At last, coming to Dr. Allen, this prescriber gave him the remedy mentioned, and in a few days the bullet was expelled from the woundsite. Now, we shall hear that usual chorus of they-can't-put-you-in-jail, in full cry. Why, you can't expel a bullet from the human body with a high potency of medicine! It is not so recorded in the annals of surgery and allopathy and serum therapy and pix creosol; therefore, it is impossible; and, if it was ever done, it would be unscientific. No, it can't be done. No more than pulsatilla can reverse a wrongend-to baby in utero. This case fits well with the other two recently published by the other, the New York, Allen, in the Homeopathic Recorder. Are we upon the eve of a revival in homeopathic therapeutics? Let us hope and pray that Shelton's plan for increasing interest in materia medica, and homeopathy in general, will be a success and really tend to the increasing of interest in pure homeopathic medication and a little less,—just a modicum less—of surgery and allied branches. For if it is once demonstrable that the homeopathic remedy properly given will help,—nay, cure,—where the ablest surgeons, with all their modern, scientific, and blood-curdling accessories, have been at fault, then there will be a smashing of the allopathic fleshpots and a return to the God of our fathers. Other papers in this issue are very good, partaking of the good doctrine faithfully set out and at length, and promiseful of more and better to come.

# TRANSACTIONS OF THE SURGICAL ASSOCIATION.

The transactions of the Surgical and Gynecological Association of the A. I. II. lie before us, handsomely printed and bound. The papers, some thirty in number, are known of the profession; as, no doubt, all, or the major part of them, have already been seen of the public through the media of various professional journals and their reprints.

The discussions, however, as reported in this volume, are poorly done. In many places they are painfully lame and incomplete; indicating that there must have been either a poor stenographer, or that the editing was done in slipshod manner, without a knowledge of the importance of the "blue pencil." Take the discussion which ensues upon the papers on Appendicitis of Dr. Wood and Dr. Thompson. Frequently, in the reported discussion, there is reference to a motion which the Association seems to have before it, and upon which the discussion is based, but nowhere, so far as a hurried reading can disclose, is there a printed line of that motion. If it is there, and has escaped our desultory reading, then we have to say that it was not voted on, nor in any other way taken notice of parliamentarily; since, after the chairman makes his little speech about that motion, the discussion is closed abruptly, no further reference is made thereto, and the next paper is read. If it be not for the discussions, why do doctors meet? A paper, of the merit of any or all these printed and bound, will find a ready market and a large audience in any of the better class of journals. It is the discussion, when intelligently made, which gives pre-eminent value to the meeting. Let us be distinctly understood in this matter. We do not mean that every word uttered during a half-hour's discussion by each orator shall be reported—for such talk, as a rule, is nothing but "talk"—but that the intelligent "blue-pencil" shall give the membership, in the bound volume to follow, all that the member said, without including all the tedious and inconsequential verbiage. The remarks of Dr. Wood, and of Dr. Biggar, on Appendicitis, both of which we had the pleasure to hear, were worth careful reporting and equally as careful a reproduction under the rule just enunciated.

While we have not been markedly friendly to this and the other independent organization, not because of any mediocrity in constituency or viciousness of purpose, but mainly,—nay, only, —because we fear for the stability of the parent institution,—the A. I. H.,—we have naught but words of praise for the work that was done at Washington by this Association; and hope and sincerely trust that its future successes may not ultimately so decimate the Institute sessions as to render that Institute a secondary consideration with the members of the Surgical and Gynecological Association. The initiation fee is five dollars, and the annual membership is five dollars; the annual membership to the American Institute is five dollars. Unless the members of this Association make money easier than the rest of the profession, or value a dollar less than we, it is not impossible that the added ten

dollars may tend to diminish interest in the Institute and cause a motion some time to prevail to cut loose from the parent body. This is an exceedingly prosaic view of the question, but is not an impossible future for the Association and the Institute. Let us but remember that it was dissatisfaction with the methods of the Institute which gave rise to this and a kindred independent organization, and it may not seem so very, very improbable that the newer and the sturdier organization may "go it alone."

After all, however,—after giving full and due credit to this organization for its fine papers and the elegant conduct of its meeting; for its grand enthusiasm in its special field,-may one ask, without seeming rude or carping, if the play has been of the value of the candle? other words, could not this same number of papers and the same spirited discussion have taken place directly under the name and protection of the Institute itself? Could not a committee have been formed to wait upon the proper officers of the Institute, and with careful study of the situation, and a commendable desire on both parts to accommodate each the other-could not the creation of this new organization have been It seems to us that, with the spirit of improvement which is apparent in the doings of the later Executive Committees, and as well in the membership of the Institute, proper time and proper conveniences could have been,—nay, can yet be, arranged—to nurture this new organization at the same breast with the other departments of the Institute.

In our estimation it would have been far better for the Institute if this independent association had been indeed wholly independent. There is, to-day, no good professional reason why it should meet in the shadow of the Institute, and yet flock by itself, when that Institute still has a section devoted to Gynecology and another to Surgery. We all remember how much of trouble was occasioned by the formation, some years ago, of an independent Materia Medica Section; how it decimated the regular section on that subject, and how ultimately it was abandoned.

The Eye-and-Ear people have done as the Gynecological and Surgical people have done—formed an independent branch on the Canada plan—acknowledging England as its mother, but running its own machine. But here, in all kindness to the individual members, we must declare that the forming of their organization was ill-advised. They had complained many times of the inadequate attendance upon their sessions. They laid it at the door of various causes: first, that the Institute put them at the tail of the procession; this was corrected by putting them at the head. Then it was the poor accommodations—shunting them off into a

small room by themselves, where nobody could find them without a groove director; they were given the general meeting-place directly following the general session, when the room was filled. Still they had no audience. Now are they any better off? We doubt it very greatly. And they may never understand that the fault was not with the Executive Committee nor with the place in the programme, or the room, or the hours, but mainly with themselves. Another and a most cogent complaint was that they failed of getting the general practitioner, and all because of the poor arrangement of the Institute programme. How are matters now? They cannot have improved their condition very materially, for now, most assuredly, they will have no one to attend their meetings save and except their own limited class.

These reflections are written in the fairest and kindliest of spirit. There is no intention to be hypercritical. We view the problem confronting us from the view-point of the Institute—the greatest good to the greatest number; and if we have hurt the feeling of any individual member of either of these independent organizations it was done so unwittingly, and only because we have an abiding faith and greater love for the chiefest and oldest homeopathic organization of the world—the American Institute of Homeopathy.

Returning to the Transactions. We commend the speed and spirit of their publication, We think the volume before us is a good sample of the best there is in these two specialties. It is a creditable book, and does great credit to the several authors of the essays. A reading here and there in these papers gives color to our frequent insistence that the true and honest surgeon and gynecologist is a conservative member of the profession; and that the vast horde of incompetents, or those but recently baked, are the cutters and choppers and gougers and mouthers of technique. It is most gratifying to note in many papers the dominance of the homeopathic idea; and, as well, the frequent recommendation to save a part instead of cutting. And while, as a vast and overruling majority, the homeopathic doctrine is fairly and well stated in these thirty papers, we found but one instance, in our desultory browsing, where one member had something to say deprecatorily about the giving of potentized medicine for a symptom which was caused by a strangulated hernia! Perhaps this paper was read by title only, since no notice is taken of this unhomeopathic position; for every true and expert homeopath—even the most rabid of moonshiners -knows that a strangulated hernia, like a broken bone or a retroverted womb, is not set or reset or resected by a homeopathic dose of medicine, however high or low. Hahnemann distinctly excludes surgical causes. If these surgical members will but read the "Organon" through,—let us say, once every two years—and note what Hahnemann did say, there would be less,—yes infinitely less—of this poor-mouth talk about the uselessness of homeopathy in surgical cases.

#### THE QUEEN'S DEATH.

The appearance upon our exchange desk of one of the London homeopathic journals, of recent date, in black borders and the leading editorial devoted to a beautiful mourning tribute to the memory of Civilization's greatest Queen, who has so recently laid down the cares of life and the responsibilities of her high office, reminds an American that the English are far more genuinely demonstrative in the affection they bear their sovereign than are the Americans to their chief rulers. We question whether any American medical journal would deem it just the proper thing to black-border its ensuing issue in mourning for a dead President or any other of the political officials of our country. It is, doubtlessly, due to the frequency of change in our chief rulers, and the undue and almost unpardonable familiarity with which the heads of our state are discussed, that we have lost our natural reverence for those in authority and office, and has caused us to forget a decent respect for our Presidents and Governors and other of the state officials.

The theory of our government, to be sure, is that every official in it is but the servant of the people, to do their will; and since no divinity of heredity hedges them about; and since any member of our great commonwealth may aspire, and, under favoring conditions, reach even the highest office; the natural and sincere affection for these our representatives is in great part a painfully absent quantity. The English people, on the contrary, have an honest and sincere love for their great and good Queen; it is the votive offering of countless hearts, not only for her extraodinary executive ability (running over an unusally long life), but also and, perhaps, far more as a tribute for her innate goodness to the many, many millions of her freedom-loving people. Of course the usual nauseating aftermath of goody-goody stories, following upon the demise of a great personage, is now filling the daily and professional press; but, in the instance of Victoria, this aftermath has the vast difference of being, in truth and in fact, the facts of her life. The things told are matters of easy

We have several times crossed and recrossed

the ocean under the English flag, and it has been a large, wholesome lesson, and a sincere revelation to us, how these Englishmen and Englishwomen loved and admired, nay adored, their gracious Queen. We never yet found an Englishman who did not know his national anthem, and whose hat did not come off, almost automatically, when that song was sung, and he helped with his voice and his love. There was no affectation about his act. Try that, some time, on the American at home or abroad. The soldier has been tutored to salute the flag and uncover when the "Star-Spangled Banner" is being played. But among civilians—the yardstick American—how many know or understand or care? The official acts of Victoria, like those of other rulers, were matters for discussion and criticism; but her personality was ever sacred to her people. And in England, or under the English flag,—as we Americans have time and again had occasion to understand and respect,-freedom of speech, and freedom in general, had a far wider meaning and application than in any other country, or under any other flag; except, perhaps, in our own good

All the world loves a lover; a lover of the Queen may not naturally be included in the sentiment of the old line; but such love touches the heart very nearly. We cannot but admire and respect a nation of people which carries its personal affections into its public and governmental life. The power of love is without compare, and not to be computed. Victoria's love of peace is one of the chiefest jewels in her diadem of many other virtues. And however much the American people deprecate the Boer war, very few of our nation fail to know that the good Queen suffered more because of that unhappy strife than any individual member of the English-speaking people. It is additional cause for love,—and it quickens the sympathetic heart of the whole world,—to be told that one of the chief causes of Victoria's death was her grief at the unfortunate state of affairs in South Africa.

This love of the English-speaking people for their great Queen is not a sudden or hysterical emanation, consequent upon some disaster or death in the reigning family, as it is so often with us. It is the steady growth of many, many years; so many, in truth, that of the almost countless millions acknowledging English rule, many millions never knew the actual date of beginning of that love. In our own country we are overmuch given to the caricaturing and sullying of our chief men; there seems to have been, until within a very recent period in our political history, a very insanity of desire to degrade and humiliate the candidate of the other side in politics. His private life,

the life of his family—nothing was deemed too sacred for the newspaper and political vandals to delve into and hawk before the public eye; long-forgotten misdeeds, errors of early struggles, poverty—everything was dragged to the center of the stage under the limelight, in order to degrade and destroy. Unhappily this insane and inhuman tendency was not confined to the heat of the campaign battle; it followed that rival politician to the hour of his withdrawal from office, or to the very edge of the grave. There are names in American history of men who played their part according to the sincerity of their convictions, which are to-day never mentioned, or barely referred to, as merely incidental in American history; these were not bad men, or immoral men; they chanced to be on the unpopular side of the prevalent question, and were done to political and moral death by the opposing and successful party.

But let death in some sudden or horrible form assail this Chief of the nation, and instantly the American people stand up as one man in defense of its martyred head; and no venal newspaper, however foolhardy or courageous, would dare to further malign the name and deeds of the people's chieftain. And,—then following after the American fashion,-the press having overdone its savagery of defamation, hypocritically flops to the other extreme of hysterical love and—opens subscription lists to place the family of the departed chieftain in affluence! And the great and life-time unkindness is thereby thoroughly expiated! It is gratifying to note, as a lover of America, and as a student of its policies and its peoples, that this despicable treatment of its worthy great is rapidly disappearing from the higher offices of the land; that it is being more and more restricted to the smaller communities. Our present honored President, McKinley, has been the first of Presidents whose personal and private affairs were not, in the recent campaign, made the subjectmatter of infamous caricatures and long and libellous articles in the daily press.

There is a decency about the Englishman's love for his great Queen which touches the heart in every human breast. The mourning put on for her is genuine and not a state affair. In every letter received from England, we have uniformly remarked this affection for their loved and departed Queen. And we join our English brethren most heartily in the reverence they pay her memory, and tender them our sincere sympathy and condolence, as we would had we learned of a personal bereavement in their immediate families. For however much the American may view and does view with differing and criticising eyes the forms of English government, and deprecate many of its customs and

caste, the conduct of Victoria from a sweet slip of a roseate girl, throughout her queenhood, and as a wife, as mother—as a good woman all through her long life—all these must always remain, in every human heart, everywhere the world over, the highest and noblest type of our modern civilization. Peace to her and sweet Rest!

#### THE DEATH OF A WORKING HOMEOPATH.

Dr. Frank H. Barr, of the working profession of homeopathy of Cleveland, passed to his final rest towards the close of last January. The exact day of his birth, his illness, his manner of dying, his death, the size of the funeral-cortège. and the customary honeyed words of the postmortem, we do not concern ourselves withal; those pertain to the exclusive prerogatives of the necrologist of the various societies of which Bro. Barr was a member. We know, as does the profession of Cleveland, that Dr. Barr had been withdrawn from active participation in professional labors for some time past, and that little of him was seen in his old-time haunts. His health declined rapidly. And he is at rest. Dr. Barr was an able doctor, an able workman in whatever he undertook; he was admired by large troops of friends and patrons, and it may be truly said of him that he was a man without enemies. As an orator, as a patient but persistent worker in any cause, whether in medicine or politics, he was a power. He was wholesouledness in personification. He was possessed of many of the old-fashioned virtues, especially of the old-styled homeopathy, and his patients and friends and companions were benefited thereby. He leaves a daughter, who is married to a worthy homeopathic physician of our city, one who is rapidly taking his place with the best of our profession. And this is all there is of Dr. Barr.

It is indeed sad to note how soon we are forgotten when we are gone. Dr. Barr, with all his magnetism, with all his power as a man, as a friend, as a physician,—interested in so many labors for so many active years,—was practically forgotten as soon as he withdrew from the fighting line of life's battle. The gap was quickly filled, and the battle went on bravely as before. And Dr. Barr, still strong, went to his cave of forgetfulness, to be forgotten; never again to take his part in the world. All the great and marvelous achievements of his heart and brain; all his victories for good medical laws in the State: all his strivings and manifold successes for the upbuilding of a first-class homeopathic college in Cleveland,—all these were lost in the hurly-burly of living and fighting for professional honors by his remaining companions—and our poor brother was shelved and forgotten, even before mankind's arch-enemy had placed his icy hand upon the fading, failing heart of

this once great man.

It is remindful of an admonition in The Philistine, wherein it counsels All Playmates in the Kindergarten of Life not to take things too seriously, but to play while play we may. For to-morrow we die and are forgotten. Think of the many who, as of vesterday, stood grand and strong in the battle of life; panoplied as for a struggle to continue for years; in the very prime of activities, aggressive and progressive, overbrimming with life's ambitions—to-day wounded and temporarily withdrawn from the scene of immediate strife,—and to-morrow dead and forgotten! Pause, brother of the profession. Call up that long list of our own Grand Worthies, since you yourself came to the scene of action; think of the many Grand Masters of our Noble Art who answer no longer to the Institute roll-call—who are designated in the History of our Profession by an asterisk placed opposite their names; recall the deeds of such men as Lilienthal, Hering, Farrington, Hall, Talbot, Dake, Parsons, Mitchell, Sawyer, Franklin, Wright, Norton, Schneider, Hale, Heber Smith, Ludlam, and the others who have gone down in the battle's heat and are with us only as memories. If it be ever right to indulge in hero worship, here is a bead-roll which the young and the on-coming homeopath may well ponder and admire. As a profession, we are but little rewarded with storied urn and tablatures of enduring brass. We live our arduous struggle in behalf of humanity, and in due time are gathered with the slain and are—forgotten. It is a blessed memory to recall the touch of the living hand of these Masters and the echo of their cheery voices. And our school has been extraordinarily blessed with men of heroic mold. Let us learn to love our dead, and in thus far emulate the Chinese—who seek to so live that honors and great distinctions may be heaped upon their ancestors.

Is it not possible to give a little less heed to the engrossments of money-lust; to the lust for power and passing superiority over a struggling brother in the line? Can we not give a little more attention to the amenities of our life and help to make our weaker brother stronger and happier? For all too soon we, too, will be arrested in our toil; and the angel of Death will stay the sculping chisel in our hand as we seem but now to engage upon our masterpiece.

Dr. Barr was a good man, as men are good or bad in our communities. He had his trials, his afflictions, his temptations, and his losses. He was mortal. He was human. His life was

made gloomy and unhappy by conditions which gathered about him and served to darken his closing hours. But notwithstanding these he was a man of noble stature, large heart, and

willing hand. And we loved him.

Does not the extinguishing of a life like this, in the midst of supremest usefulness, give us pause and excite wonder if it be reasonable and just that its powers for love and good shall be, indeed, blotted out in an instant and forever? Does it not strike a chill to our heart of hopes that such meting out of rewards is unfair in the highest degree, and belies the promises which lie in our hearts and have from the first moment that love and life entered there? Will a coming materialistic age prove, in truth (which the present age is striving to accomplish), that we are but accidental molecules existing for a time on a molecule of star-dust, governed in that existence by caprice and appetite; that we strut through our three-score-and-ten hobbled and handicapped and cursed by heredity's galling chains; and when, just on the outermost edge of gleaming success,—some larger and more deadly bacillus invades an unprotected part of our organism,—and life's brief candle is out! And forever! No, no! Immortality, like the beginning and ending of life, is wrapped in impenetrable mystery. The human heart refuses nihilism. We must accept these divine mysteries in faith and hope. May we never-any of us, brethren of God's noblest profession—lose our hold on that future with its rewards and its promise of another and a better life and far more exceeding glory; where we may meet again all those grand men and women of our own and of other times who have made it possible for us to be their successors in the battle with Sin and Sickness. With undying faith in a beneficent future we will no longer stand, as those sorrowing and without hope, at the bier of our other brethren, as they fall by the way and are lost to our view. And when our own supreme moment approaches, we will not dread the transition, but wrap our draperies about us and accompany the Silent Messenger of Eternity—not like the dull, driven galley-slave, but like him who goes from Darkness to Light-to another and a happier Life, and not to Extinction.

Good-night, Brother Barr, until it be radiant morn again for thee and for us!

# BLESSED ARE THE RESOLUTION-MAKERS.

A few weeks ago a small "passel" of ministers of grace and the Gospel, whose whole outward life is one sweet song against the existence of vice and the promised reward for being stupidly virtuous, took an early train from

their nearest station, went to Philadelphia, met in due parliamentary form, discussed the prevalence of sin and iniquity, passed a few perfervid resolutions and then—took the next train home again. And Quay, as we take it from the daily press, has been returned to the United States Senate, where he has been received with open

In Cleveland, a city noted for several things besides its Garfield monument and its homeopathic school, a number of goody-goody people,—but of the one sex only, the noble lords of creation,—fired with an exalted public spirit, met in the post-prandial recesses of a downtown four-dollar-a-day hotel and passed a series of letter-perfect resolutions to "hearten" the one element of a political squabble and to "dishearten" the other. The chief offender, the alleged head and front of the faction who is to be disheartened by these eloquent proceedings, next morning responds that if these wouldbe-goods would come to him directly and discuss the questions at issue openly and fairly, and not slink into the quiet and security and gloom of the ordinary of a hotel, there conducting themselves like a party of school-teachers or immature children, they would find the door wide-open for their reception and a free and frank explanation of all that may seem intricate and unsavory. But, alas! these good people take it out in passing resolutions. And then, like the king of France's men, go down the hill again. Who paid for the luncheon and the use of the hotel ordinary deponent sayeth not; perhaps the "heartened" faction.

În California, somewhere, we learn that a number of "literary" professors of the Leland University have had to bite the dust, for being men and free of their individual opinions. Some of these had the temerity to differ in politics and opinions with the sage femme—the wise woman—who pays their salaries for being dummies and adumbrations of herself. The point we desire to make is that Harvard scrupled not to pass a few rhetorically-perfect resolutions condemning the first professors, then followed up the resolutions by sending of its best professors to eat the bread of the first lot-and, perhaps, at an advanced salary. But when one recalls the absurd spectacle made of himself by the President of this famous university in our late war with Spain, and his more recent exhibition of puerility in attacking our honorable Vice-President, there no longer remains any ground for wonder. And we learn, also, with no excess of grief, that he has himself suggested that he be permitted to retire to the classic shades of private life in view of his extreme age. Some people know when a house falls upon them.

letters; and, "Be it Resolved, that the American Institute of Homeopathy views with alarm and great uneasiness the conduct of the Executive Committee, and hereby puts itself of record as opposed to any further meddling with the expressed wish and constitutional vote of this body." IN RE DR. MUNYON.

But let us not go too far afield. There are some famous resolution-statesmen in our own camp; notably in the American Institute of Homeopathy. For we know of at least one commercial house which profited by a cleverly written and passed resolution. The resolutionmaker we have with us always. Usually he has a large-sized ax to grind. Happily the Institute has made his inroads of small consequence in most cases, since it refers all resolutions to a Committee on Resolutions; thus minimizing many of the former possibilities for evil and selfseeking which a few hired mourners and claquers in the body of a general debate have, in times past, been able to inflict on an unthinking remnant membership a few hours before adjournment.

However, we may expect some resolutions this coming session, and we wonder what the Institute will do with them. Somewhat like the following:

"Whereas, the vote of the American Institute of Homeopathy, taken and recorded at Washington, has been ruthlessly overriden by the Executive Committee in that they have dared to change the meeting-place from Niagara Falls to Elsewhere, contrary to our expressed preference many times printed, and written in our private

"Whereas, the so-doing by the said Executive Committee has in effect and actuality destroyed our Presidential and General Secretaryship expectations and possibilities, by taking the Institute from Niagara Falls, a field of friendliness, and placing it in a district where our eminent virtues and skill at wrecking and adroitness in manipulating votes are unknown. thereby doing us untold harm and postponing the consummation of our most cherished ambitions for another year; therefore,

We used to think that there was no picture in the papers or on the fence that could compare for downright gentleness and sweetness with that dear good motherly Lydia Pinkham. But latterly a change has come over our taste, and we begin to believe that Lydia will have to take second place and let the blue-ribbon go to that other old woman—"Professor" Munyon whose picture is certainly one of the loveliest of lovely things with which our morning paper

graces our breakfast table. See him when he sits at the bedside of a dear little girl, in imitation of Luke Fieldes' famous picture; open, gold watch in right hand, his left hand encircling the girl's left forearm; while with his left thumb he is counting the patient's pulse, somewhere near the olecranon process. He far excels the Golden Pierce people in his posings, for And the Pea-ruin-you folks effectiveness. might as well give it up. For when this beautiful character assumes his oracular attitude, and with uplifted finger discourses on what he knows of this and the other disease, the palm of beauty must certainly be awarded him. He reasons so well and sweetly, and then again his remedies are so sure and so cheap. Wonder he doesn't put his photographs on the market for sale, or as a prize for the return of three or five unmutilated wrappers.

#### PLAIN PREACHING AND STRAIGHT TEACHING.

In Cleveland we have an enthusiastic minister of the Baptist Church who has been filling his Sunday-evening pews with people come to listen to his keen-cut depicting of what he thinks is wrong in the woman of to-day. He has done some savage slashing, but in the main kept close to the line of truth. Some of the daily press correspondents have severely criticised him for preaching sensational sermons instead of confining himself to the Gospel. They claim that he ought to preach as Christ taught and to let modern ideas and advancements alone. That if Christ were here to-day he wouldn't be continually stirring up strife in the Christian church, but floating along with it in peace and serenity and folded-handedness. He would favor church-suppers and fairs and vaudeville performances. He comes back at his critics with the statement that they want a minister to be an Egyptian mummy, embalmed and laid away, and when taken out of its sarcophagus and allowed to speak it should be about Abraham, Isaac, and Jacob; but by no means to antagonize present-day sin and scandal.

How like that is the talk so often heard in homeopathic meetings and seen in homeopathic correspondence. Don't attack the colleges, however wrong they may be; they are doing what modern thought requires of them and their graduates. If Hahnemann were here, he would be just like the rest of us, fighting with us for the supremacy of the modern and advanced homeopathy. By all means keep your pen off the majority, either in morals or in medicine. The majority is right. If as a preacher you see sin abounding on all hands, wink the other eye and talk about the blessedness of virtue and of being

extremely good; but don't speak of the immoralities practiced by the members in your own fold. More than likely these very members are paying the biggest part of your salary. Be wise and

good—for nothing.

If as a homeopathic editor you see clearly the trend hellward of those who should teach homeopathy, write learnedly about the action of spongia or aletris or on certain parts of the human organism; or of the wonderful advances made by subdural anæsthesia; and say nothing about the scandal that is preparing in the school of medicine of which you are presumably a champion. What ought you to care if class after class of graduates, issuing from the portals of an alleged homeopathic school, become progressively less and less homeopathic and ultimately desert the fold entirely, with banners and transparencies and brass-band accessories? If a man is hell-bent upon going to the bow-wows, the best that a modern preacher can do is to pray for him in his closet, or preach in a general and rhetorically eloquent way. But don't get personal. More than this might hurt the feelings of the h-b party; use the molasses jug, and stopper the vinegar cruet. And yet the gentle Saviour said that he came to bring a sword; and the other things he is known to have said reeked with personalities and were meant to be strong and caustic; and the things he did would not tend to make him as the modern Church desires its successor representative of this Saviour to be.

# Book Reviews.

Enlarged Tonsils Cured by Medicines. By J. Compton Burnett, M. D., of London, England. Philadelphia: Boericke & Tafel. 1900.

This is another yest-pocket book from the same old terse and agreeable fund of medical anecdotes and experiences with which Dr. Burnett is so thoroughly saturated. He always gives a small book; but that small book always, too, gives about all there is to be said on the subject. His style is argumentative, and yet so very pleasant and convincing that when once you open any one of his booklets, and permit your mind to follow on a page or two, you won't be able to let it go. You will have to finish the book. Thus it was with that most charming of all his long list of little books, his "Fifty Reasons for Being a Homeopath"; and much the same with his other books. We have in times gone by seen criticisms in our contemporary journals that Burnett's geese are all swans; that he cures everything, and never misses the bull's-eye. To a reader only this may so seem; but to those who know him personally,

as happens to be our good fortune, and who also know his comrades and brethren who are with him every day of the year, and know him and his work well, this belief in the swansomeness of his geese is not carried out. He is a successful physician and is truthful in the highest degree in the record of his cases. Hence his books, made up of cases cured, are trustworthy and may be accepted in the spirit in which they are written." Enlarged Tonsils Cured by Medicines, however, ought not to cause the ordinary homeopath, modern or remote, any great trouble. There are many of us remaining in the school who believe in the efficacy of the homeopathic remedy in such conditions and who have never yet resorted to the tonsillotome. Dr. Burnett has one flagrant fault, and the next time we sit with our feet under the same mahogany with him, and the other jolly crew, we will tell him so to his face: and that is, that he uses so many remedies with which we on this side of the pond are not familiar. would suggest that when he writes for an American readership that he append little stars and footnotes to these odd and singular remedies and help us over the trouble of guessing at the component parts of the drug. The cases reported in this his latest book are graphically depicted and will help many of us busy workers out of a bad hole. Boericke & Tafel have done the usual good bit of mechanical work on this book and are to be congratulated upon adding another good homeopathic work to the year's list.

A Repertory of Hering's Guiding Symptoms of our Materia Medica. By Calvin B. Knerr, M. D., Philadelphia. Published by F. A. Davis & Co., for the Estate of Constantine Hering.

This is not, of course, a new book, nor a new edition of an old book. It happened that by some mistake our table was not honored with this book upon its appearance, although we did receive each of the preceding numbers of the Guiding Symptoms. We understand that the publishing company is about to issue a second edition of this notable work; and we hope that the Hering volumes may meet with a better reception than the first edition seem to have evoked. The work itself is beyond valuation in dollars and cents. It is a library all in itself. It is one of the finest evidences of faithful work in a given field that we have seen for many a year. Hering came the nearest to Hahnemann in thought, word, and deed of any man with whom homeopathic history is familiar. Other names,—even that of the sweet Melanchthon, Dunham,-may pass out of the memory of the coming homeopath (or so much of him as is permitted to remain after he is graduated from some of our modern homeopathic colleges), but these two names, Hahnemann and

Hering, will be indissolubly associated for time and eternity.

—The American Review of Reviews is giving some of its best editorials on current events and in its customary masterly style. Its review of the Queen's death, of Edward's accession, of Mrs. Nation's insanity, are all worthy of this great monthly. The leading (general) editorials have been and continue to be of great interest in that they present the subject from so calm and business-like a standpoint. As Americans we do not take much stock in William T. Stead's description of Edward's sudden change of heart —from the familiar, tactful Prince of Wales to the dignified King of England. And we go farther to say that we do not believe that Mr. Stead himself was over-enthusiastic in his paper. It reads doubtingly. It is full of argument and appeals. He seems to realize that he is painting a stagy, if not an impossible picture. The Prince of Wales has been too familiar a personage during all these long years of waiting to need any good-Lord introduction to the Review readers. But this isn't saying that we have any objection to King Edward. Our plaint is with Stead and his transparently unreal article; and usually we like his papers on men and matters. The Review of Reviews is filled from cover to cover with the latest reviews of all the good journals of both continents. Those who do not subscribe regularly to the many, many journals, but buy one occasionally as they learn of some interesting paper contained, or because given over to some special item of interest, will always do well to look up the issue in the current Review of Reviews and note what is said concerning the magazine papers of the month.

—The Century Magazine continues its "Helmet of Navarre" with unflagging interest. It is still filled with rapid and bloody scenes, as they fall from the pen of the gifted Bertha Runkel. In a bit of editorial notice from the editor of the Century Magazine we note his explanation of this author's personality, and why no pictures of her can be given. Evidently, therefore, someone else besides ourself has had his suspicion of the identity of Bertha Runkel. Once before in the modern history of literature a noted writer tried to foist an historical novel upon his readers under a nom-de-plume; and we have become suspicious. The Century is to be complimented on the breaking of that alleged rule that none but famous names can gain admission to the pages of well-established magazines; for certainly no one ever before heard of Bertha Runkel, though her writing betrays a master hand. The other features of the magazine are well kept up and presented in fine form. This is a very popular magazine.

#### EMERGENCY HOSPITAL AT THE PAN-AMERICAN.



A very pretty hospital building stands near the west end of the Mall. An antiquated illusion is sought to be conveyed by the outside appearance of this building: this is, however, at once dispelled by a visit to the interior.

Modern arrangements that are both convenient and sanitary mark every feature. Approved medical and surgical appliances have been carefully selected in regard especially for their adaptability to emergency work and the exig-

encies that are likely to arise.

The first floor front contains in the extreme western wing two males wards with seven cots each, a bathroom, physicians' office, a morgue, and a linen chest. The eastern wing contains a woman's ward, large enough to hold a dozen cots, with direct communication to the woman's bathroom. This wing also contains an office for the superintendent of nurses, private physician's office, a linen closet, and other conveniences. The upper story is intended for the use of the resident physician and the necessary attendants.

In the matter of equipment and appliances, everything is of the newest and best. A new litter attracts considerable attention; it is carefully balanced and so arranged that one attendant can operate it easily and noiselessly, as it runs on two wheels about twenty inches in diameter, which are fitted with large inflated rubber tires. Sterilizing apparatus, with an apartment for instruments and another for towels and linen, is another necessary arrangement.

Roswell Park, M. D., is the Director, Vertner Kenerson, M. D., Deputy Director, and Dr. Alexander Allen is the resident physician.

In regard to the importance of this adjunct to the Exposition, it may be said that up to the first of March five hundred and four cases have been treated on the grounds, only one of which proved fatal. These include all forms of sickness and accidents to workmen employed upon the construction work. In this connection it is well to note that the number of cases treated at the Omaha Exposition was about three thousand, while the history of the hospital at the World's Fair in Chicago gives a total of 11,602 medical and surgical cases treated, resulting in sixty-nine deaths.

It is hoped to have less use than this for the hospital at the Pan-American, though in the immense crowds who will attend, no doubt many individual will have occasion to appreciate the provision that has been made in this direction.

# Globules.

—Alumni of the New York Homeopathic Medical College please notice that the date of the annual banquet is May 9 this year. The place of meeting is Delmonico's, and Dr. G. W. Roberts will act as Toastmaster. All graduates are requested to join. Send application to Dr. E. S. Munson, Cor. Secy., 16 W. Forty-fifth Street, New York.

—The Hahnemann Hospital College of San Francisco issues a handsome Announcement for its 1901 session, which, in California, as all may not know, is held during the summer months from May 16 to November 23—with a recess somewhere midway. A reading of this announcement cannot fail of convincing the reader that this is a homeopathic college. It numbers in its faculty a number of sterling homeopaths, such as Boericke, Arndt, Tisdale, the Wards, Palmer, Crawford, Bryant, and others. Its departmental divisions open with materia medica and homeopathy, and this is found in every other medical or surgical department. The books recommended are first and foremost homeopathic! In the purely scientific departments other than homeopathic names are found. This school is built on the homeopathic ideas, and its teachers are determined to make first-class homeopathic physicians and surgeons of its students. We recommend this excellent college to the profession.

—A training school for nurses has been established by the New York Homeopathic Medical College and Hospital. This fills a long-felt want. All applications should be sent to Dr. F. K. Hollister, Secretary of the Medical Board, 59 East Fifty-second Street, New York City.

—The American Medical Monthly, in reviewing Dr. Dewey's latest book on Practical Homeopathic Therapeutics, gives him and it the "glad" hand, as it could not well avoid doing. But it closes its complimentary notice with this line, "We thank Dr. Dewey for this and for his book, and for his loyalty to the standard on which is emblazoned, 'Simila similibus curenter.'" Now we have looked that latest book over, rather hurriedly, to be sure; and we have failed to find any such spelling of the disputed Latin line. And we really do not believe that Dewey said or wrote it that way.

—Dr. C. E. Fisher, having an opportunity to dispose of his Havana newspaper holdings and at an advantageous figure, did so, and has returned to the United States. When last heard from he was at San Antonio, Tex., with his daughter, who was not very well. Here he purposed stopping for a few weeks, the while looking after important property interests at that point.

Later.—We hear that, since his arrival in San Antonio, Dr. Fisher's aged mother died suddenly at Topeka, Kan., and that the doctor had gone thither. We extend to him our heartfelt sympathy in this his deep and lasting affliction.

—We learn with regret of the resignation from the Registrarship of Hahnemann College of Chicago of Dr. J. P. Cobb. Dr. Cobb's name has been so long associated with the duties and responsibilities of this office that his absence from that desk will prove a serious hindering. Dr. Cobb is a popular gentleman, as well as a thoroughly well-equipped homeopath and practitioner. His resignation was occasioned by the multitudes of other duties which naturally grow upon a successful practitioner, which necessitated the unloading of a few. May good luck attend him and good health!

—The General Secretary of the Missouri Institute of Homeopathy, Dr. Willis Young of St. Louis, is inaugurating a new departure in the way of disposing of papers presented to that Institute. He asks that each author write

plainly upon his essay, "Send this paper to for publication." This will do away with the scrapping at the Secretary's desk by the two or three near-by-living editors for the possession of every good paper that is presented. By making this indorsement, even absent journals may have a standing before this Institute, and be given an opportunity to help boom the progress and work of this Western body. If the Southern Homeopathic Medical Association had had this done, there would have been no misunderstanding between Eldridge Price and Editor Pierson. A very wise provision, and one to be copied by other non-Transaction-printing bodies. We suggest that some of our friends supply the blank in the suggested indorsement with the name of this journal.

—"The Contagiousness of Personality," by E. P. Murdock, M. D., of Chicago, is given in the current number of the Journal of Orificial Surgery in lieu of the usual editorial. It is a master-bit of prose writing and deserving of wide circulation. No, it isn't cast in homeopathic lines; it is on an entirely different subject, but a good one and very excellently presented. It takes the broad ground that good health and cheerfulness are as catching as smallpox or disease in general. Read it.

—It is no more than a deserved tribute to merit when we allude, in a few lines, to the title pamphlet on "The Homeopathic Therapeutics of Typhoid Fever, with Special Reference to the Various Stages of the Disease and Their Complications. By William H. Dieffenbach, M. D.," being a reprint from the Chironian. This was an alumni prize-essav of the New York Homeopathic Medical College, and is especially deserving because of the clearness of description of this protean monster, and the excellence of homeopathic materia medica advised. It is happily put in the form of a small booklet that may be easily carried in the coat pocket, and thus be made readily accessible for perusing on a street car, or while driving from patient to patient. It is really a splendid paper, and we congratulate Dr. Dieffenbach upon his study and research.

—A clever "dodge" is being perpetrated upon the unthinking reader by the proprietors of a patented article,—or, at any rate, a medical article the exact ingredients of which are not known,—in that a physician of St. Louis issues a 64-page book, in paper covers, under the attractive title of "Local Application in Medical Practice," which has a rubber-stamp impress on its outer cover page, "Compliments of the Author." The pamphlet is well written, but, with only a few exceptions, every outward application described has somewhere in its lines a

recommendation to use the proprietary article —the owners of which have doubtlessly paid the doctor for his writing and his recommendations. It is very much after the pattern of that Prepared Liquid Food which had a large and well-advertised place in medical practice eight or ten years ago—when it suddenly disappeared from the scene because of some awfully nasty discoveries in its making and dispensing. This Liquid Food Company gave gratuitously to each physician a booklet, each leaf whereof was devoted to a diet list for the various diseases commonly met in practice. The recommendation of the publishers was to tear out the appropriate leaf from its perforated margin and hand to the patient, in order that he might know what to eat during the treatment by his physician. But on each page, at least once, there appeared a bold, bad advertisement, advising the patient to purchase a bottle of this Liquid Food and use, in addition to the medical man's directions. We are not quarreling with the St. Louis firm for vaunting its preparations (for it bears a clean and good reputation), but we do object to a medical man lending his name and brains to so transparent a scheme. The book, as a book, is a fraud; it travels under the pretense of being gotten up by a learned physician to aid his brethren in a particular branch; when, in reality, it is naught but an advertisement for a proprietary article. A friendly word, at parting, with this company is to the effect that they will injure their business far more than they will profit it by such an affront to the profession. This book, prepared in an honest way, and then presented by the company with an illustrated cover carrying the advertisement and other recommendations of its wares, will find more purchasers and make more friends among the profession than this "hold-up-your-hands" way of breaking into a physician's privacy and confidence. In passing, we would like to point out to the profession that a fine book on this subject of Local Applications, under the title of "A Digest of External Therapeutics," is on the book-market, fathered by Dr. Rankin of New York.

—A writer in Modern Medical Science recommends for distressing nausea the placing of broken ice, caught in the folds of a towel, against the nape of the neck. Or in its absence relief may be had by placing the back of the neck under a running stream of water for a little while until the brain is cooled off.

—Has anyone besides ourself noticed the singular resemblance between the pictures of our great men and the great men of other professions and lands? There, for instance, is Lord Kitchener, who resembles our own Dr. J. Kent

Sanders of Cleveland; Dr. H. F. Biggar is easily mistaken for Mark Hanna. Edward Caskoden, author of "When Knighthood was in Flower," would make a very good understudy of our handsome and good-natured friend in England, Dr. John H. Clarke, editor of the Homeopathic World, and author of numerous charming and interesting booklets. Again, H. C. Allen to Garcia, to whom a message was carried. But the comic one of the lot of resemblances is one presented by the Antikanmia Chemical Company in its current Skull Calendar. Will some of our curious readers turn up the last leaf of that pictorial calendar and try to think for a few moments who that disgusted professor looks like? Don't see it yet, sir? Well, put a white mustache on him and imagine that hand to cover a straggly white beard, then aid your imagination a little by remembering that he lives in Philadelphia, and is a State Medical Examiner —and you have him. But for goodness' sake don't we told you so!

—In going to Richfield Springs, you of the Faithful who live west of Buffalo cannot do better to reach the latter point than to take the Nickel Plate Railway. The rates are less, and the services the equal of any line running into Buffalo. We have traveled a number of times to and from the Institute over this line, and have never had occasion for complaint.

—The Medical Council takes up the question of charging for advice by telephone. It says that if the call is simply to ask for more clearness concerning directions, or to renew some medicine that would not last till his return, no charge can be made. If, however, a patient can not come to the office, but wants advice and prescription, and yet does not want the doctor to call, it is evidently fair and proper that some charge should be made.

—Dr. C. B. Hall of Chicago answers in the Evening Post an editorial which had appeared in that paper, under the title of "Physicians Go too Far," which latter was a complaint against medical men who were insisting upon Christian Scientists being restrained of their liberty to injure the people by reason of their alleged ministrations. Dr. Hall's answer is well written and very conclusive that the physicians are in the right in asking for protection against the faddists.

# The American Homeopathist.

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# The American Ihomeopathist.

APRIL 15, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

#### OUR PORTRAITS.



F. M. Gustin, M. D., Union City, Ind.

# AND ESPECIALLY HOMEOPATHIC THERA-PEUTICS.

This is a line in the advertisement of the Hahnemann Medical College of Phildelphia, and bodies forth the intention of that first of homeopathic schools of the United States. In adding this line it does not intend to say, nor does it say, that it neglects any of the other modern branches of science which have been pushed into the medical school as and for med-

ical necessities. For this school is noted for its good work, square work, just such work as we are authorized to receive. There are some giants in that faculty, all hard workers and homeopaths. Sometimes this caption is added to college advertisements to lend a little local color to its homeopathic pretensions, or in order to discredit the modern trend of medical teaching. But not so here. Look over the roster of its faculty and think back a little, and you will notice that the names are familiar ones and followed after other historical ones. This is a fine homeopathic medical college, and every one of its children is proud of its mother.

#### THE MENACE OF MEDICAL LEGISLATION.

A recent editorial in the New England Medical Gazette, under the caption of "The Hahnemann Association" speaks of the present and prospective troubles of the Boston University School of Medicine. These may be summed up into one pregnant paragraph, namely, that the raising of the standard for matriculation and for graduation will soon so decimate the number of students, and, because thereof, the fees upon which this school depends, that the noble institution is like to see some very bad times, or, as a last resort, a closing of its portals.

This danger menaces every commercially conducted medical school of the United States. For if the Boston University School of Medicinethe favorite school of Talbot and Heber Smith of the sainted ones, and of Sutherland and the Wesselhoefts and other eminent men of the living—this school which has always stood for the best and highest in medical teaching; not alone in its own immediate bailiwick, but the homeoopathic world over; whose graduates, wherever met, are well-trained and well-qualified for the profession—if this noble institution, with its wealth of homeopathic history and of eminent teachers, fears the submerging tide, and is like to go, under the exceeding rigor of present medical meddlesomeness, what will become of the

other ninety-and-nine commercially conducted colleges; many whereof have in and about them naught of homeopathy save the hypocritical name left standing over the front door? What will become of these "emporiums" of Homeopathy (?), where the professorships partake of the merest farce, and the tuition is of the good-lord-good-

pathic teaching and Homeopathy?

The moral of the New England Medical Gazettte's editorial consists in an appeal for gratuities in the form of endowments. This, however, is not new. The Hahnemannian Monthly some months since reported a meeting at which a speaker mentioned the same possible source of revenue for perfecting the many new chairs in the Hahnemann of Philadelphia. And the same suggestion has been put to other meetings at other times concerning other commercially conducted colleges. But we all know the uncertainty attending endowments. They smack very much of dead men's shoes. Is there no other hope of succor? Has it come to that pass that practitioners are seriously invited to besiege and beseech their wealthy patrons in order to fill the land with more doctors? And if it has, will the legislation-ridden doctor comply with any show of alacrity? It is possible that in the East, where the old-fashioned Homeopathy has left an ineffaceable trend upon the elder and wealthier patrons, there may be an inclination tending to the endowing of schools for producing scientific physicians from material which would otherwise remain in that contented and pleasing obscurity which knoweth not the essential difference between glaucoma and a glass eve; but doth know how to grow up in a homelier walk of life and become an honored bill-paying citizen and householder. But in the West, where the real thing in Homeopathy has never had any very great and deep hold, this mode of securing the sinews of war for slaving disease and the Philistines of the allopathic household is not to be seriously adventured upon.

And there are a number of cogent reasons for this doubt. First, there is that primitive manner of conducting a medical college,—an inheritance of the ante-railroad and ante-telegraph, nay, even ante-flood times,—when three or four being gathered together agreed to be good and conduct a business from the bottom of a hat. For what assurance would any open-pursed capitalist of this day and age have that such commercially conducted medical school with a selflauding and self-electing faculty would be in existence at the close of the fiscal year following next upon the receipt of his gift? Another reason is the tide of skepticism which has found its level in several of the alleged homeopathic schools. And this is no slander, unless, as under the old com-

mon law, it was slander to tell the truth; it is known of the profession that the single remedy, the potentized remedy, the study of the Organon as a basis of the homeopath's belief, is more observed in the breach than the observance. other reason is the wide prevalence of combination tablets uttered with perfect sangfroid by alleged homeopathic pharmacies, recommended by college men, and used by their graduates. And still another reason is the domination, in many places, of surgery to the annihilation, in intent if not in open actuality, of any trace of homeopathy. In short, the absence of all that goes to give a homeopathic college a title to existence. We are glad to except the Boston University School of Medicine, the Hahnemann of Philadelphia, and others of that same superior rank from this sweeping allegation. But there are others, the finding of which would require no very loud blue print or sprig of witch hazel.

This being the condition of things in homeopathic college circles, and this the danger which menaces their existence; and endowments being an uncertain means for support; there seems to be left one of two propositions. First, the combining of the smaller schools into one large and well-officered and well-equipped school at some central point. Then the down-the-country preceptor, who has a likely young man on hand, who has been expert in collecting bad debts, and in castor-oiling the family buggy and bedding the horse—then this horny-handed and hornyconscienced old preceptor will not scan the list of commercially conducted medical colleges, in order to find that one which seems the easiest, the cheapest, or which is dominated by some one double-headed monstrosity of political guile, who, being properly "seen" will see that the "likely young person already referred to, will "pass," sans peur et sans honte as well as sans medical knowledge—especially of Homeopathy.

Second, there is the State University. This would seem to be the logical place for a child of the State to be properly educated. This seems specially meet and fitting under the exaggerated requirements now demanded of an honest medical man— while it excuses the out-and-out scoundrels who thrive on the credulity of the newspaper-reading public. Since it has surrounded the honest man with barbed-wires, laying down the law minutely as to his down-sittings and up-risings, his goings-out and his comings-home—why should it not also provide an institution wherein the future medical representative may be legally and properly inducted into the arcanum of medi-Or if the State, being still governed in great part by ward-politics rather than by the true merit of the citizen, is an impossible place for teaching medicine,—which the eminent instances of success, notably of Ann Arbor and of Des Moines, clearly and safely negative,—then there looms up the private university, like Yale and Harvard and the Chicago University and others. And here, in these latter excellent institutions, no complaint can be made of the lack of high standards! A man with a diploma from Harvard or the Chicago is pretty apt to be au

fait in all that his diploma certifies to.

Another remedy, and one which will bring back the professor-element to the common-sense medical work, is the modifying of the laws so that the medical school will not longer be expected to be an institutional church—giving everything from plain sewing to fifteen-cent dinners on Thursdays, and vaudeville entertainments at other times. A medical school has no business to be teaching a number of the studies now required of the Freshman and the Sophomore: no student of any medical college can, in two years of desultory application, and in looking through microscope barrels learn that amount of chemistry or microscopy or bugteriology that will fill out in even the smallest of practical degrees the scientific titles in his diploma. So well known is this that students who expect to apply for admission into Pennsylvania put themselves under private instructors in chemistry,—men, not medical, who are actually chemists,—in order to pass that Board. And this lack-knowledge is true of other of the purely ornamental branches of the first two years. Throw them out! Give the student anatomy and materia medica every day of every year of his college life; and burn it into his medical soul that the study of these two essentials must not cease until he, too, follows some few or many of his patients to that last six-feet-due-eastand-west, and six-feet-perpendicular, which ends the scene.

# DR. HENRY M. SMITH.

Dr. Henry M. Smith of this city died suddenly at the home of his daughter, at Escondido, Cal., on Saturday, March 16. He was born in New York in 1835, and graduated from the New York Medical College in 1860, but practiced his profession to only a limited extent, as he was for forty years actively engaged in the business of a homeopathic pharmacy established by his father. He was professor of physiology in both New York colleges. For the last four years he had devoted himself exclusively to work for the advancement of homeopathy—notably the co-editing of the present official homeopathic pharmacopæia, and the building of the Hahnemann monument at Washington.

Dr. Smith recently gave to the New York Public Library his collection of works on homeopathy, which is probably the largest in this country. He was one of the oldest members of the American Institute, of which he was necrologist; a member of the State and County Homeopathic Societies,—of the latter he was secretary for eleven years,—and the New York Medical Club. He leaves a widow, a daughter, and three sons.

It is with no feigned sorrow that we print this notice. Dr. Henry M. Smith was a good man, a faithful homeopath, and, above all, a true friend. The cause of his sudden demise we know not; but we hope that it was painless. Only a short time ago we were reading in J. G. Holland's "Lessons of Life" that so few men, even of the best and greatest, live to see the completion of their heart's most cherished ambition. It cited the instance of Lincoln, who should have lived to complete his Emancipation work; also of Napoleon, who failed in his plans, and was reduced to the death of a captive. And so it enumerated a series of famous ideals projected by famous men, which had not been realized; the inference being that disappointment sat at their bedside as they passed over, because of the inability to realize their dreams of ambition. But the life of Henry M. Smith proves the rule by being an exception. For it was permitted him to live long enough to see a success—the closing work of his life—the completion of the Hahnemann Monument, and its glorious dedication at Washington on that beautiful day last June. It was given him to hear the pæans of praise poured out on that day, by statesmen and by professional men and women, with the attendance of our Chief Magistrate, President McKinley, who graced the occasion with his presence. He lived to see the work which he had chaperoned for years—had carried about in his hat at first, and later in his purse—made a tangible reality that will overtop all his other works—yea, even the present official pharmacopæia. For while we take not one iota of honor from McClelland, the Father of the Monument, it yet required the faithful Boswell to make Johnson's fame co-eval with the time in which they lived. And McClelland's monument was well cared for by Smith. He was indefatigable in its interests. He traveled the country over in its behalf. He gave his time freely to its ultimate success. And it reminds us that had this monument been postponed from last year, as had at one time been contemplated, one of its most prominent workers would have gone to his eternal rest without seeing the end of his labors.

His name will be as indissolubly associated with the Hahnemann Monument at Washington as is Cartier's with his Hahnemann Monument

or more.

in Père La Chaise. It was, in our humble estimation, the crowning work of his life.

And now the necrologist of the American Institute must give way to some other necrologist to read his own death. Truly, the ranks are thinning out rapidly. One by one the Old Guard dies, but does not surrender. Here was one who knew the beginnings of the Institute; indeed, the very beginnings of American Homeopathy itself. He had a speaking acquaintance with the earlier men in the profession—with the pioneers and sappers, who blazed the forest of difficulties and gave a possible life to homeopathy. His warm hand had touched that of all the earlier men and women who stood up straight and tall, as Henry Smith himself, for homeopathy. He began his life in that time when homeopathy was yet the burlesqued title of quackery, and its adherents numbered with the outcasts of medicine. But he lived long enough to see it triumph most gloriously, and in the chiefest city of the land, with the chiefest citizen of that land doing honor to the genius of Hahnemann. When will his glory fade? Verily, verily, as a homeopath the privileges of his life were wonderful, and yet more wonderful in that he appreciated and made use of them.

May his memory and his long bead-roll of good deeds not soon fade out of the memory of his brethren. He was, with us, a champion of the Memorial Service, and it fretted him royally that this tribute to our departed brethren was yearly more and more reduced in value and performance; it hurt his sensitive and sympathetic heart that the mad race for professional preferment; for a little passing recreation; should decimate and destroy this beautiful sentiment of remembering our dead for a brief hour

Strange things have come to pass in the years in which "Hahnemann Monument" Smith was in membership with the Institute. The newer generation seems never to have known Joseph. The lustiness and successes of youth, made possible for them by these earlier men whom now they have no time to honor in even a brief memorial service, have made nugatory the good of these elderly lives now closing upon us with alarming frequency. A pity it is, a god's pity, that we cannot rein in our mad pursuit of fame and gain, to do fitting honor once a year to these Great Lights in the Temple of Home-opathy. We loved "Hahnemann Monument" Smith as we have seldom loved another of our own class. We knew him well. His was a familiar figure at each meeting of the Institute since it was our honor to be in membership. He was not of the unemployed. He was always in the harness, doing that which would promote the welfare and best interests of the profession and of our great Institute. He has laid him down in peace to sleep. May his rest be very sweet, and the awakening glorious.

### "THE GENTLEMEN FROM INDIANA."

Our country has been again called upon to mourn the demise of another of its really great men, in the person of Benjamin Harrison, who passed to his eternal rest but a short time ago. Ex-President Harrison was a remarkable man, in that he was of that type of American, now so rapidly disappearing, who was born and reared in poverty; who took his degree of merit and became an honor-man in the Great American School of Pioneer Hardships; and who, after battling with discouragements and difficulties, no longer known to the modern American boy, and waiting for that "first case," eventually rose to the highest rank in America.

It was our special privilege and honor to have been well-acquainted with Mr. Harrison. In our former labor as law stenographer in St. Louis, it fell to our lot many times to follow his arguments in the United States Court room in the old Post-Office building on Third Street. And in the office of General Noble-who was subsequently his Secretary of Interior—we have taken many a brief in dictation from his lips. We remember him as a pleasant and affable gentlemen, not too lavish of his words, and but rarely given to jest or trifling speech; he was usually a sober and self-possessed gentleman. His was not an obtrusive personality; but neither, on the contrary, was he unsociable. Later in life, when he was President, we met him again in Washington, while visiting the Capitol with a body of railway postal clerks; and, although we were but one in a long line of expectant hand-shakers, he remembered us and spoke a kindly word in recognition of our past friendship.

We have always been a fire-eating Republican, as our father was a Fremont Republican, and, later, a black-abolitionist, before us. We have always believed in our country, and followed the flag; so that ex-President Harrison's recent and caustic criticism of the administration in its dealings with our island possessions has made it difficult for some of his old friends to stand by him throughout it all. But, after all, we all admire a man with an opinion. And it took moral courage to stand outside the party lines, seemingly, and yet be of that party. Freedom of opinion and speech are the bulwarks of American liberty. May they never be unnecessarily curtailed.

Mr. Harrison was a thoroughly honest man and attorney. That was the reputation he bore in St. Louis. He was a power with the judges. His law points were always well taken. He carried great weight with the bench. When we remember the fierce light which beats upon the Presidential office, and note how little could be said against Mr. Harrison, even in that day of political vituperation,—which now is happily passing away,—and how he passed through the fire of politics with garments unscorched, and even free of the odor of its smoke, his history was truly remarkable. He dealt fairly with every question which came before him; and, notwithstanding the awful temptations of power which beset this chiefest of all officers in America, like another Bayard he yet left it without blemish and without stain.

"The Gentleman from Indiana" was a characteristic product of the Hoosier State. He was true to his State. Though born in Ohio, he early in life identified himself with Indiana, and grew up with it, and ultimately became its leading representative. We cannot claim Hoosier birth, but during the Civil War, and afterwards, we spent much of our life on a farm in one of the southern counties of Indiana; and our good wife was a Hoosier girl who taught school near Mr. Harrison's city. So that we have always felt very kindly towards this State, and to every one of its inhabitants. And we loved ex-President Harrison.

When the unpolitical history of Harrison is written—that history which will be freed of the vitriolic touch of partisan politics, and equally freed of the cheap and adulatory lines following his death—it will be found that he was one of America's really great men; one who will take his place in that Fane of Fame which requires no tablet of enduring brass in a modern Hall of Fame to perpetuate his deeds. He proved faithful to our country's interests when it meant life or death to that country. Like every good American he took his place and part in our internecine strife; and lived to see our flag honored abroad as it had never ever before been honored. A long farewell to "The Gentleman from Indiana."

—We take this means of calling the attention of the several members of Pedology Section of the American Institute of Homeopathy to the fact that its chairman, Dr. Hanchett, is very anxious to have the papers promptly prepared and copies sent to the secretary, ourself, in order that the proper disputants or discussants may be selected and engaged, and the whole sent to the General Secretary for the official programme. Please make haste.

# Materia Medica Gems.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

From the Transactions of the Homeopathic Medical Society of the State of New York.

#### lpecac. in La Grippe.

Dr. Ricker: In a case of la grippe I had a very beautiful homeopathic action of the remedy ipecacuanha. The gastric symptoms were very prominent, with high fever and aching all over. I had seen the patient in the morning and had given gelsemium. In the evening the wife of the patient came and said that he was suffering with extreme nausea. He said he could never get to sleep with that nausea. I gave ipecac 3, ten drops in half a glass of water. I gave directions to stop the gelsemium. In the morning, when I called, the patient said to me: "That was a wonderful remedy you sent me last night. I took one dose and was relieved; I took the next dose and was much better; after the third dose nausea was entirely gone and I went to sleep. I have had no more since." He said, "The remedy did it, there is no question about that."

# Cocculus Indica, Three Cases Cured by.

J. W. Sheldon: Case I.—Mrs. P., aged forty-seven; general health good. Symptoms: Vertigo on arising, compelling her to lie down. Confusion and pressure in head, after eating. Great fullness in top of head. Unable to walk without assistance. Weakness of cervical muscles; vertigo with heaviness of head. Hands and feet go to sleep, knees give out when walking. Weakness in small of back. Great dislike to food or smell of food. Cured by cocculus ind. 3x.

Case II.—Mrs. F., aged seventy; of nervous temperament, otherwise healthy. Complained of headache with confusion of ideas. Vertigo on arising, head feels heavy, muscles of neck unable to support head. Vertigo with inclination to vomit. Weakness of the limbs, staggering on walking, vertigo on awakening, after eating; also aversion to food. Cured with cocculus ind. 3x.

Case III.—Mr. B., aged eighty-five; very healthy and active for one of his years. Symptoms: Vertigo on lifting head from pillow; weakness in small of the back and hips. Knees give out when walking; hands and feet go to sleep. Weakness of muscles of neck; persistent headache and confusion of head after partaking

of food. Vertigo on arising, desire to lie down, unable to walk without help. Bad taste, food sickens. Cured by cocculus ind. 3x.

#### Urtica Urens for Uric-Acid Conditions.

Dr. W. H. Proctor: In the spring of 1899 I was suddenly afflicted with retention of uric acid in the system, which produced for the first symptom an agonizing pain in the deltoid muscle of the right arm. This pain was so severe that three hypodermics of morphine, one-fourth grain; atropia, one, one hundred and fiftieth, were used during the course of one hour. Then followed for about three weeks scanty, pale urine, sour sweat, sleeplessness, restlessness, nervousness, loss of appetite, almost constant pain in the deltoid with great soreness and lameness of the muscle, an intense sensation of general sickness, and weakness with continued fever. Numerous remedies were used internally, and numerous local applications were made to the deltoid, but without any appreciable relief.

Finally, about the end of the third week, a new symptom appeared which brought a new remedy to mind; that symptom was an intense burning sensation in the skin after sleeping: this being so intense that I was absolutely afraid to sleep for fear of the suffering. The remedy used at this time was urtica urens tr., and a quicker, greater relief was never obtained, I think, from a remedy. After three doses I dropped into a quiet and refreshing sleep of two or three hours and awoke absolutely free from all symptoms of the skin irritation; something I had not done for two or three nights. The nerves were immediately quieted, and all the symptoms passed rapidly away. Compton Burnett says that "urtica is the greatest, most potent remedy against uric acid that we have," and I think that I have excellent reason for believing it.

A gentleman came to me, since the above experience, complaining of constant pain, soreness, and lameness of the deltoid, for which he had been taking homeopathic remedies for several months, without relief; ten drops of the mother tincture of urtica in water, night and morning, made a complete cure in two weeks. There were no other symptoms upon which to prescribe. In my opinion the above symptom was due to a deposit of urates in the muscle and tendon. Urtica urens certainly has the power of carrying this deposit away.

—Dr. H. F. Biggar will deliver two interesting lectures on "Brain Surgery" in the Hering College Post-Graduate course. The Hering attendants are booked for a treat.

#### GASTRO-ENTERIC IRRITATION.

By BURTON G. THOMAS, M. D., New York.

It is a matter of common observation in diseases of the gastro-intestinal tract, to find such a condition of irritation of the mucous membrane that all ordinary foods are rejected. Under these circumstances milk, which is our chief reliance, may act as a direct irritant, owing to the imperfect digestion of its casein and the formation of various toxins due to bacterial action. The method of peptonizing milk only partly overcomes this difficulty. While its digestion is thereby facilitated, at the same time the large amount of fluid ingested is of itself liable to produce more or less disturbance. This, in turn, can be obviated by increasing the proportion of proteids in milk, thus rendering it unnecessary to give as large a quantity. To accomplish this it seems rational to employ an albumin identical with that of milk rather than one derived from other sources. The albumin selected, if possible, should be in such form that it will not impose any additional work upon the

impaired digestive apparatus.

This brings up the question: In what form are proteids most likely to be digested and assimilated? In the older text-books on physiology it was taught that all proteids were converted into peptones through the action of the gastric and intestinal ferments. Later experiments have demonstrated the fallacy of this view, and it has been quite positively shown that in the process of digestion only a small proportion of the albumins is changed into peptones. By far the greater amount is found in the form of albumoses, which represent an intermediary stage between albumins and peptones. Aside from these physiological investigations, it is a well-known clinical fact that the ingestion of pure peptones not only excites aversion on account of their bitter and unpleasant taste, but is also followed by nausea, vomiting, and diarrhea. To obtain albumoses in a pure state without any considerable admixture of peptone has been a very difficult matter. These technical difficulties, however, have been overcome during recent years, and by means of a special process it has been found possible to convert the albumins of milk into albumoses, and a preparation containing them which I have been using is known by the name of lacto-somatose. It is well adapted for re-enforcing the alimentary value of milk, and may replace the latter for some time in cases in which milk is not

One of the conditions commonly present in gastro-intestinal diseases, and which interferes to a great extent with nutrition, is diarrhea, and

I find it, therefore, very important to provide food which will not increase this tendency. The albumins of milk are often objectionable for this reason. In the manufacture of lacto-somatose, however, the albumoses of which it consists are in a state of firm chemical combination with a small proportion of an astringent, which corrects and prevents any tendency to diarrhea. On the contrary, my experience shows this preparation to exert a mild but efficient constringent effect upon the inflamed mucous membrane, thus accomplishing a twofold purpose: First, by supplying the system with a large amount of condensed nutriment in a form requiring no preliminary digestion, but which is at once assimilated; second, by acting as an auxiliary to other remedies in subduing the inflammatory process, and arresting the excessive discharges from the bowels.

It is seen that the possession of these properties gives this preparation a wide range of usefulness, its chief indications being in diseases of the gastro-intestinal tract attended with diarrhea, such as the various forms of enteritis, cholera morbus and infantum, and dysentery, as well as infectious diseases with intestinal lesions and diarrhea, particularly typhoid fever. In the intestinal catarrhs of infants, in which it is sometimes well-nigh impossible for the child to retain any kind of food, owing to the fact that it is either vomited or passed unchanged in the diarrheal discharges, it is a most eligible form of nourishment, and I often give it alone for a number of days, until milk is again tolerated. In the more chronic intestinal catarrhs I find it an excellent addition to the diet, for reasons already stated.

Case I.—J. C., a boy about one year old, was attacked with broncho-pneumonia early in the The case was allowed to run along for some days before any medical attention was deemed necessary. When I was called to see him he was in a serious condition; temperature, 102 F., pulse small and weak, respiration The right lung was nearly occluded. labored. appropriate medication the child slowly improved, but his appetite was very capricious, and the food taken did not seem to be digested. I ordered beef broth and lactosomatose, a half teaspoonful of the latter dissolved in half a glass of hot water every four hours. Under this régime the child improved so much that a few days later I dismissed this case as cured.

Case II.—E., an infant in its second summer, was taken in the early part of June with gastroenteritis, with high fever; temperature not recalled; frequent, watery stools; no appetite, and what little food was taken was soon after vomited; much exhaustion; restless, disturbed sleep,

crying and moaning. Under appropriate treatment the child grew better, but did not get entirely well. The disease continued with frequent intervals of improvement nearly all summer, although the diet was changed from time to time. Finally a resort was made to lacto-somatose, a half a teaspoonful in a half a glass of hot water, every four hours for the first two days, after which time other food was added, with immediate improvement in the child's condition, and its complete recovery.

its complete recovery. Case III.—C. A. C., aged about forty, was taken early in January with pain in the right groin in the region of the appendix. After the pain had lasted for several days, gradually increasing, I was called to see him. I found him in bed complaining of severe pains throughout the abdomen, which were much worse at night, making sleep impossible. Examination disclosed a lump in the right groin, which was quite painful on pressure, and from which the pain radiated through the abdomen. Not much fever, but great restlessness; inability to take any food, as even beaf-tea distressed him and increased the pain. About ten years ago he had a similar attack, which was diagnosed appendicitis, and which confined him to the house for a month. Bowels obstinately constipated. Under appropriate medication he improved, but could not take any food. In this emergency I placed him on lacto-somatose, a teaspoonful in half a glass of hot water every few hours regularly. This did not distress him, and in a few days he was able to take beef broth. His diet was gradually increased, and a week later he was able to eat as usual, without any discomfort, and was practically convalescent.

Case IV.—E. C., eighteen years old, suffered from a complication of disorders, chief of which was a lesion of the mitral valve. Among other troublesome symptoms that were nearly intractable, was an irritability of the stomach, which prevented him from retaining any food, and lactosomatose was about the only nourishment he could take with any comfort. This prolonged his life somewhat, but did not, of course, exert any influence on the disease. As he lived some distance away, I was not able to continue my attendance, so that I could not keep track of the case, though he died a few months later.

Case V.—Mrs C. D., aged about fifty, neurasthenic, has suffered from stomach trouble for a number of years, she had no appetite, and all foods seemed to distress her. She had tried all kinds of diets and all sorts of foods without any appreciable benefit. This was the first case in which I tried the preparation whose merits I now extol. At first she could take only small doses, frequently repeated. As this did not distress her, the amount was increased and given

less often. The food seemed to stimulate her appetite, so that she was soon able to take, and quite relish milk, broth, and other more substantial food. The improvement continues, although she has been compelled at times to have recourse to the former treatment.

Case VI.—A. B., a boy about a year old. He had been ailing for some time from infantile dyspepsia, which was acutely aggravated, when I was called to see him. He was still nursing, but the mother's milk was of poor quality and not acceptable to the child. I advised his immediate weaning, and that he be placed upon a diet of lacto-somatose. This was done, and for a few days this was all the food he received. With the use of appropriate medicine he began to improve at once, and was able several days later to take in addition some milk sugar and thin gruel. The improvement continued, so that in three or four weeks he was entirely well, and the use of all adjuvant treatment was discontinued.

A few general words as to the manner of administration. In the first place the preparation should always be given in solution, and to do this properly the powder should be first stirred into a smooth paste with a little water before adding the remainder of the fluid; or it may be suspended on the surface of the fluid in which it is to be dissolved by dusting it lightly and evenly thereon, and then letting it dissolve of its own accord without stirring. It may be given with milk, gruels, broths, etc.. according to the taste of the patient, and as it is practically odorless and tasteless there is no fear of its exciting aversion.

# "The Dummy Corpse Case."

GIDEON W. B. MARSH.

As it may be of some interest to the profession I have pleasure in placing before you the story of this extraodinary case.

William Charles Browning, thirty-five years of age, called upon me on January 14 of this year complaining of difficulty in micturition. I prescribed for him, but did not see him again until the 25th, when he once more visited me. On the 29th I was summoned to his room at 253, Vauxhall Bridge Road, S. W., where I found him in bed in a very weak condition with a temperature of 103° F. He complained of severe pains in the loins and constant headache, and said that his feet and legs swelled when he was out of bed, and that for some time he had been passing very frequent but very small quantities of urine which had been porter-col-

ored, but was then clear, although the smallness of quantity and frequency of micturition still continued. He remained in bed for the following eight days, during which I visited him regularly, receiving samples of his urine each day. It was acid, specific gravity 1025, and always contained considerable quantities of albumin. On one occasion I obtained the reaction for blood, and on microscopic examination there were numerous hyaline and some granular tube casts. Uric acid crystals were present in very large amount. I treated the case in the usual way as one of acute nephritis. On February 4 the albumin had largely increased in quantity, and I went to see Browning earlier than usual and found him very collapsed, deadly pale, almost pulseless, and suffering from a severe rigor. He explained to me that a fire had occurred in the adjoining room during the previous night, that he had jumped out of bed, and almost naked had assisted in extinguishing it. He then said that he should send for his brother, and gave his landlady the letter, which she posted. On the following day (February 5) Browning appeared to be very drowsy, and there were convulsive movements of the limbs. Fearing uræmia I at once took measures accordingly and saw him again at night, at 10 o'clock. Though free perspiration had been induced the drowsiness continued and it was with difficulty that any reply could be obtained to questions.

Next morning (February 6) at 10 o'clock a man called upon me, and I was struck by his general resemblance to my patient, but this was speedily explained by his stating that he was the brother of Browning, who, he informed me, died at 4 o'clock that morning. He said that he had arrived shortly after my departure the previous night, and had found his brother sleeping heavily, but that he awoke at midnight, just recognized him, and then relapsed into deep sleep. "At 4 o'clock my brother had a fit, in which he died." Upon my inquiring into the nature of the "fit" he gave me the symptoms of uræmic convulsions, and I remarked that I could not express surprise considering the grave condition of the patient. In reply to my questions the "brother" explained that he was the only living relative of the "deceased," who had lost his wife two years previously through accidentally taking poison. He wished the "body" to be removed from Vauxhall Bridge Road lest it should be an inconvenience in the house, and I suggested that a respectable undertaker would take charge of it. He paid my account, saying that he wished to take the receipt to his brother's solicitors. I filled in the certificate of the cause of death in the usual way. He supplied me with the necessary details. Owing

to his description of the "fit" in which death had been said to occur I certified to uræmia consequent upon acute nephritis. A little later the landlady called upon me and explained that she had admitted the "brother" the previous night, and had expressed surprise to him the next morning that he had not summoned her or sent for the medical man when Browning died, but had been told that it was of no use, as death had supervened almost immediately. She was concerned because the "body" was locked up and no one had been to "lay it out." I told her that although neither required by law nor the custom of the profession I should carry out my usual habit of inspecting the corpse, and that she need not worry further.

Some two hours later I called, and the "brother" being still absent I asked if a key could not be found for the folding doors which separated Browning's room from that wherein the fire had occurred. I said that I did not wish to have to pay a second visit, and that if any difficulties were made as to the room being entered in the "brother's" absence I would be responsible, as he could have no objections to my seeing the body of my patient. On opening the door a seal was broken and this first aroused my suspicions that there were something wrong; but on looking at the bed there was dimly to be seen in the darkened chamber the outlines of a human body covered by a coverlet. Upon removing the latter I found the corpse to be a "make-up." Fearing foul play to my patient I at once searched the room, but finding nothing to corroborate my suspicion I locked the door and immediately went to Gerald-road police station and reported the facts. Thence I proceeded to the registrar's office, and ascertaining that the certificate had not been registered, I left instructions that if anyone presented it the police should be communicated with at

Later in the day, accompanied by Detective-Sergeant Bedford of the B Division, I went to the house, and a search revealed that Browning was a senior medical student, and that he held a policy in the Pearl Insurance Company for £200. Whilst we were in the house the so-called "brother" arrived, and being confronted with the detective and myself confessed that he was at once the patient, the corpse, and the brother, and that he had done all this to make his relatives believe him dead, as he had just come out of prison. He said that he had no intention of making an improper use of the certificate, and handed it back to me. Questioned as to his illness, he replied: "I have been ill, very ill, and am still ill, but I made the most of my symptoms, and I added albumin to the samples of urine sent to you for examination. My temperature was genuine." He further stated that after my last visit on the night of the 5th he had got out of bed and shaved off his mustache, and that disguised he had slipped out of the house and re-appeared as the "brother." Like myself the landlady did not recognize him either that night or on seeing him the next morning, so clever was the change in his appearance. At the trial Browning was charged with making a false statement and obtaining a certificate of death by false pretenses; a sentence of nine months' imprisonment was imposed.

### LOCAL TREATMENT FOLLOWING HEMOR-RHOIDAL OPERATIONS.

By O. W. GREEN, M. D.

After the completion of an operation I syringe or spray the field of operation thoroughly, with hydrozone and hot water, one part of the former to five of the latter.

The object of using hydrozone is twofold: It is the safest and best germicide and hemostatic we have yet used, and we have tried many. Not being a poison, and depending upon the oxygen it contains for its action, renders it safe under all circumstances, both externally and internally.

As a dressing we have several times used nothing, simply cleansing with hot water and hydrozone.

An ideal dressing is ordinary sterilized gauze moistened with glycozone. Glycozone is anhydrous glycerin saturated with ozone, a powerful germicide and promoter of healthy granulation.

—Dr. Mary Kraft is located in Columbus, Kan. She is a homeopath and graduate of our alma mater. But we hasten to add that this is as far as the relationship extends. So that the laurels of being the one and only own Dr. Kraft in the United States is taken from our classic brow.

—The time for the annual commencement of the homeopathic colleges is at hand. It is now proper to refurnish that ancient papyrus anent the best and most intelligent class of men and women ever before presented to the speaker. Also to dust the pews of the favorite church of one of the principal members of the faculty for holding the obs'quies—and by the same sign to employ the "sky-pilot" of that church to properly and prayerfully induct the young doctor into the mysteries of medical life.

# THE MEDICAL CIBRARY.

The Mechanism of the Circulation.

The opening article in the second volume of Schäfer's "Physiology" is that by Dr. Leonard Hill on Circulation. Two main ideas will strike the reader after a study of this essay: One of these is a realization of the magnitude of the labors of the early investigators and the farreaching and permanent value of the work of Harvey, of Stephen Hales, and at a later date, at the revival of physiological experiment, of that of Ludwig and his contemporaries. The other general impression will be the conviction that there is still a good deal to be done. Although so many researches on the problems of the circulation have been published, no physiologist need be deterred from working in the

well-plowed field.

In his article on the Contraction of Cardiac Muscle, Dr. W. H. Gaskell sets forth in a lucid manner his own masterly researches on the heart, researches by which the old conception of the heart, as under the control of motor cardiac ganglia, has been overthrown. As the simple tubular heart of the embryo differentiates into the more highly striated musculature of the auricle and ventricle, the rate of contraction and conduction becomes increased, while the inherent rhythmical power is lessened. The rhythm starts in the venous orifices, where the inherent power of the embryonic type of muscle still continues. The ventricle beats in sequence to the auricle owing to the delay of the impulse in passing over the bridge of embryonic muscle in the auricular-ventricular septum. "The part of the heart which possesses the quickest rhythm must of necessity be the leader—the great veins and sinuses. The wave of contraction must travel always in one direction, for all the parts immediately in the rear of the part which is contracting are blocked so that no backward wave is possible." This brief summary expresses the leading argument of the article.

Among other interesting facts the writer relates how Porter maintained an excised ganglion-free strip of mammal's ventricle for hours in rhythmic activity; how in the embryo the heart begins to beat before the ganglion cells enter its structure; how the ganglion cells naturally cling to the undifferentiated muscle of the sinus and auricular-ventricular groove, and thus do not encumber the specialized muscle of the auricular-ventricular wall. Gaskell proves

that the gauglion cells are simply the nutritive cell stations of the efferent "pregauglionic" cardiac nerve fibers.

The cardiac vagus he proves to he the depressor of rate excitability, contraction force, conductivity, and tonicity. At the same time the nerve increases the electrical positivity of the muscle. The accelerator nerve he shows to have the antagonistic action. The investigation of the action of the cardic nerve divides, says Gaskell, the cold-blooded vertebrates into two groups, and further researches may yield important help in the classification of the vertebrata.

#### Gnats or Mosquitoes, Anatomy and Life-History.

The work of Major Giles will be particularly welcome at this time not only to entomologists, but to the medical world in general. The brilliant discoveries of Ross in India, followed by the work of Grassi, Bastianelli, and Bignami in Italy, confirming alike the hypothesis of Manson that the mosquito is an intermediate host of the malarial parasite, and that of King, Laveran, Bignami, and others, that it is through the bite of this insect that the infection is introduced into the human being, has not only awakened a widespread interest among medical men in the life-history and habits of mosquitoes, but it has made it a necessity for the physician and hygienist in medical districts to be familiar with the dangerous species.

As the author points out, "The literature of the subject is . . . scattered throughout the scientific periodicals of many languages, and is necessarily quite inaccessible to men who must necessarily conduct their researches far from all

libraries or museums."

In view of these facts the author states that he undertook this work in order to collect "Extracts of such general papers as appeared to be best suited for my requirements, and to transcribe the published descriptions of all known species to which he could gain access."

The author points out that the usual food of all species and both sexes of the mosquitoes is the juices of plants, the taste for blood is acquired. A high atmospheric temperature is apparently the main determining condition of these outbursts of sanguinary instinct.

Both sexes live much longer than is usually believed, many of the females hibernating regu-

larly throughout the cool season, thus preserving the species. The larvæ are apparently unable to support even a temperate winter. The author admits, however, that egg masses laid at the end of the season may possibly preserve their vitality throughout the winter. With possible rare exceptions it seems to be a fact that only females bite warm-blooded animals. The habits of life of different genera and species are very different; certain genera, the Culex, for instance, are commensals with man, others, as the Megarrhinus, being especially common in tropical forests. Especially important are the habits of the genus Anopheles, all species of which are probably capable of transmitting the parasites of malaria from one human being to another.

In equatorial climates mosquitoes breed probably throughout the year, but in most regions breeding occurs only in the warm rainy seasons. During the colder periods the impregnated females hide in dark, secluded corners, where they hibernate. The reviewer has seen, in the neighborhood of New Orleans, enormous numbers of the Anopheles quadri maculatus and crucians gathered during this period along the sloping roof and on the ridge-pole of a barn.

Mosquitoes, as is well known, lay their eggs in water, and moisture is necessary for the development of the larvæ, but the breeding places vary greatly with different genera and species, the Culex breeding often in wells, water butts, and artificial collections of water, while the Anopheles breed in shallow pools and marshy regions, especially in pools containing green algæ on which they feed. With regard to the question of combating the mosquito, the author says:

"The really vulnerable stage of their lifehistory is the larval stage; and here, on the one hand, by filling in and draining puddles, and on the other by the use of insecticides in such collections of water as cannot conveniently be treated in this way, I am convinced that much might be done."

The ease and limited expense with which circumscribed areas may be freed from mosquitoes by means of the intermittent application of cheap oils to the surface of the water are pointed out. With regard to the detection of the presence of larvæ in any given pool, an interesting

piece of advice is given:
"In seaching for larvæ

"In seaching for larvæ, it is of little use attempting to do so by a mere inspection, as owing to their universally protective coloring it is easy to overlook them, even when present in large numbers, if one merely stoop down and peer into the puddle. The examination should be made by dipping up some of the water from the surface of the puddle in an ordinary tumbler, and examining it by transmitted light (p. 78)."

Mosquito larvæ rarely flourished in large pools on account of the prevalence of fish, of which they are the ready prey.

The Morals of Suicide.

A thought which forces itself upon the attention of a reader of Mr. Gurnhill's book is, "Who will be influenced by it?" The author is alarmed at the proportional increase of suicide in recent years and has in this book addressed himself to combat the tendency, no doubt with the most serious purpose. But why should suicides be amenable to his arguments? Especially does this consideration weigh when it is found that he excuses himself from dealing with the arguments of Pliny, Seneca, and others who have expressed approval of suicide under certain conditions on the ground that "We can scarcely be expected to form our conclusions from ancient classics or take as models for imitation the practices applauded in pagan religions. We have, or at least we believe we have, clearer and truer light to guide us." The position is a difficult one for a writer who wishes to persuade his readers of the error of their ways. And in truth Mr. Gurnhill is himself not quite unconscious of the difficulty. "Full well I know," says he, "that in many cases of suicide—perhaps the majority—neither the dictates of reason nor the precepts of philosophy or religion come into operation." But he thinks that "it is none the less true that the more a man is imbued with sound views as to the moral aspect of suicide the less likely is he in time of trial, temptation, and distress to have recourse to that deadly crime." This, then, is the view with which this book is written. It is a contribution to the task of forming a sound public opinion on a matter which, beyond all question, is a matter of great public concern.

We are not at all disposed to cavil with Mr. Gurnhill concerning the limitations which he chooses to impose upon himself in connection with his task. If he thinks that he can better reach the section of society to which he addresses himself by refusing to discuss his position with those who do not accept the Athanasian creed we are quite prepared to take him at his own valuation and, so far as in us lies, to recognize a serious effort to spread sound views of morals whether the area of operations be extended or circumscribed; and we perceive that Mr. Gurnhill has some notable qualifications for the task which he has undertaken. He is a scholar and is well read in the subject of which he treats. His scholarship, moreover, is of that literary order—much undervalued at the present day—which enables him to write with per-

spicuity and force, so that what he says is said pleasantly and to good purpose. But with all these qualifications for his task he has one capital defect. He deals with his subject in that meditative, uncritical—we had almost said absent minded—style which is the besetting sin of clergymen and the vice of homiletic writing. In fact we have seldom seen so striking an example of want of thoroughness as is furnished by this book. Here is a volume of over two hundred pages, devoted to the morals of suicide, written from the standpoint of a Christian clergyman who insists much, and naturally so, upon the example left by the Author of the Christian religion, and yet from cover to cover there is not a word about that awful problem—the duty that sometimes corners the true Christian and good citizen—of laying down his life. Suicide in this book means nothing but the petulant act of the disappointed man who rushes on his fate. The tragedy, the problem, the unselfish dread of becoming burdensome or of cankering a young life with the infirmity of an old one—these things do not exist for the author, who can speak of suicide only with horror as "this deadly sin," and is sanguine that it will become less rampant if the Christian churches can agree about the three creeds. It is a disappointing book.

#### Syphilis of Children In Everyday Practice.

This monograph on the subject of syphilis in children, by George Carpenter, M. D., is only concerned with the congenital variety. With regard to the severity of the symptoms and the frequency of its incidence the author considers that the improvement which is manifest in these respects within recent times is due partly to attenuation of the virus and partly to the relative immunity of the subject. The important association of rickets and syphilis is fully discussed and the part which each plays in the production of Parrot's nodes is reviewed from the pathological standpoint. The author evidently inclines to the belief that a syphilitic process is mainly if not exclusively responsible for this aberrent development of bone. According to the author Parrot's nodes are present only to the extent of one per one thousand in cases of rickets apparently uncomplicated by syphilis. The question naturally arises, What is the distinction between the familiar bossing of the frontal and parietal bones in rachitic children and true Parrot's nodes? The conclusion is obvious, that either syphilis is extraordinarily rife among all classes or that Parrot's nodes are separate and distinct, both ætiologically and pathologically, from ordinary slight degrees of bossing.

With regard to treatment Dr. Carpenter insists on the exhibition of mercury for at least one year, and attaches but little importance to the influence of this drug on the subsequent development of the teeth. He regards mercury as an energetic producer of red blood corpuscles. Apart from mercury and the iodides treatment is summarily dismissed. The maintenance of nutrition in syphilitic infants, a matter of such practical difficulty, is summed up in the following sentence: "If the mother cannot nurse, and a wet nurse is out of the question, a suitable milk diet must be substituted." There is no new or original feature in any section of this little volume. On the other hand, nothing, except certain matters of treatment, of clinical importance is omitted.

#### Etude sur la Lepre au Bresil.

The object of this "Study of Leprosy in Brazil," by Dr. José de Magalhaes, is to combat some of the conclusions arrived at by the Conference on Leprosy held at Berlin in 1897. The irritation left by this (in some ways unfortunate) conference lends a tone of bitterness to the author's remarks, which is accentuated, perhaps, by the consciousness that the majority of leprologists have abandoned the views which he holds and he himself is a voice crying in a heedless widerness.

Dr. de Magalhaes firstly holds that leprosy is not due to the bacillus lepræ on the ground that even, he says, in tuberculous cases it frequently cannot be found, and when found can neither be cultivated nor reproduce the disease by inoculation. He does not believe it to be contagious, because in Brazil, where lepers mix freely with other people, the disease does not spread. Some Brazilian writers disagree with him here, but these persons he regards as unpatriotic. "See," he says sadly of one of them, "how a Brazilian furnishes arms against his own country." Finally, he thinks the disease is hereditary in a wide sense of the word—i. e., that leprosy may be transmitted directly or may alternate with neuroses such as epilepsy. Without any hereditary transmission at all, he further says, it may be produced by improper diet, long exposure to damp, "emotions sad or keen, trauma, etc." In face of this list with the comprehensive "etc." at the end of it, that we are not all lepers is owing obviously only to the miraculous intervention of Providence.

Leprosy, we are told, flourishes in Brazil mainly in marshy districts, where it supports Mr. Hutchinson's theory by attacking principally the fish-eating part of the population. Thus it is very prevalent in Para and in parts

of Maranhao. Even to allow whale's flesh to form a large part of a person's food would seem to be enough to produce leprosy, as is shown by the disastrous effects of such a diet on the Itacaripa islanders. To avoid getting leprosy in Brazil, then, it would be as well to abstain even from the appearance of fish. As regards treatment, the essential thing is to improve the dietetic and hygienic conditions of the people; isolation the author regards as brutal and unnecessary.

# The Medical Diseases of Childhood.

The object of the author of this work, Dr. Nathan Oppenheim, has been to write a book which will tend to promote a greater use of logic and a lessened reliance upon empirical methods than have formerly been common. He quite rightly draws attention to the fact that the tendency of our thought in the present time is in the direction of the accurate recognition of abnormal conditions, but we cannot agree with his deduction from this statement. He says: "For when this is accomplished (viz., the accurate recognition of abnormal conditions), the treatment, so far as it is elaborated, follows as a matter of course." It must be confessed that although our knowledge of pathology and bacteriology has greatly advanced, yet in many instances our therapeutics have not followed that advance. That further investigation may bring us eventually nearer to such a desideratum we do not deny, but at present the expression "as a matter of course" is utopian. Some of the therapeutical measures suggested will hardly commend themselves unless all other means fail. Lavage in various diseases of the stomach in the adult is strongly recommended by some authorities, but as the majority of practitioners prefer to employ less unpleasant and usually equally efficacious remedies; much more would this principle hold with children. Dr. Oppenheim, however, advises lavage in the chronic gastritis of children, and his description of the process would make the practitioner pause before adopting it. He adds: "As it may be necessary to continue this treatment for weeks the mother or nurse may be instructed in its details." Our sympathies certainly lie with the little patient. For purposes of differential diagnosis in cases of gastric disorders Dr. Oppenheim states that one of the best methods of differentiation is by means of a test meal, which is to consist of milk in infants, of breadand-milk in somewhat older children, and of milk, bread, and meat in children of eight or more years. Such methods of diagnosis, however, have not found general acceptance, and

the general belief is that equally good results may be obtained, except in very few cases, by means less calculated to inconvenience the patient.

# Society Transactions.

Transactions of the Thirty-fifth Session of the Homeopathic Medical Society of the State of Pennsylvania. Held at Philadelphia, September 26, 27, and 28, 1899.

This state, like New York, invariably issues a volume of Transactions worth a front place on the working shelf of the homeopath's office. It is always well edited, and its papers present the latest and best and freshest of valuable information for the student in Homeopathy and its allied sciences. This volume before us is no exception. It has one thing else that an editor likes, and that is, a number of short papers and short discussions. There is unhappily an increasing tendency in many places to write long papers, covering a subject from its origin to date-in fact a history rather than a discussable paper, and thus weary and torture a poor, patient auditor so that he is exceedingly chary of ever being caught far from the door of exit when this same writer and reader has next the floor. Then the discussions which are vauntingly reported verbatim are many times the most inane of drivel. A verbatim report is desirable and valuable only when it contains something that is worth preserving. But for some two or three to rise here and there in a packed audience and, more out of compliment than of knowledge gathered beforehand, attempt a bald discussion of a paper, is the veriest of trash. Usually it resolves itself into the telling of a funny anecdote more or less connected with the subject, a compliment to the author on his great research and painstaking effort, and a concluding statement of cases of the same kind recently attended by the speaker. Such verbatim reporting is not worth the paper upon which it is printed. When we were yet a stenographer in the law courts of St. Louis, we were frequently brought up standing because of our reporting verbatim everything, from the rap of the gavel calling the court to order to the slamming of the door or the sneeze of the juryman. "What we want," we were told, "is a stenographer with sense—a man who can leave out repetitions; who can seize upon the points of the case, and not him who, with the speed of the wind, can give us everything that is said, but afterward requires that we shall wade through immense bills of exceptions in order to find our case again." One

of the monthly journals which appears upon our table is damned with this peculiar form of verbatim reporting. It has every interruption of the speaker, every whisper, every aside: "Laughter," "Applause," "Sensation," and smart-Meck talks between the presiding officer and some of the rambling talkers on or off the floor. And when one has finally waded through half a dozen pages of this stuff he finds nothing of the case, or it is so obscured by the funny-business that its point is lost. However this is not true, and never has been true, of the Pennsylvania or New York Transactions. The present volume is exceptionally worthy in this one respect. This copy of the Transactions has other values besides those of a mere record of the doings of that particular meeting. It forms a valuable year-book of what is going on in the State; its State and private institutions; its medical societies; its medical journals and the like. In its materiamedica section we find such names as C. S. Schwenk, Mary A. Cook, Edward Cranch, A. Koerndoerfer, Jr.; C. S. Middleton, Charles Mohr, W. A. Seibert, G. W. Smith, and R. T. White. And the papers are on cuprum, natrum mur., pulsatilla, sepia, evclamen, aconite, strophanthus, and subjects strictly allied to the old, old-fashioned homeopathy. Dr. Mohr speaks of the "Need of a Standard Pharmacopæia," in which he pleads for the unanimous acceptance of the work prepared by the Institute committee and by them presented to that body.

Dr. Seibert's paper on "Mental Characteristics Tabulated for Study," is a paper that ought to be read and well learned by every honest homeopath. It is filled with meat of the wholesome kind, and requires no laboratory digestive aids for its proper assimilation. It is indeed refreshing to find papers of this order still possible in this Age of Materialism, and when them are found they ought not to be lost in a Transactions.

The whole volume is good. It has many excellent surgical papers that are freed of that sometimes overevident intent of cutting loose from every school and be just simply and alone a surgeon.

Proceedings of the Massachusetts Homeopathic Medical Society for 1899. Vol. XIII. Published by the Committee of Publication.

Out of the usual run of good things found in almost every volume of this enterprising State society we call attention to an Oration on Twentieth-Century Homeopathy, by J. Herbert Moore, M. D., Brookline, which deals with modern homeopathy after the wishes of most of the modern graduates. We should call this not exactly the scientific homeopathy, but rather the labora-

tory homeopathy. It is a learned paper—in fact so very learned that but little of the old-time Homeopathy is found in its lines. Perhaps this heaviness is in great part due to the form of the address, for, being an oration, the lighter forms of expression are tabooed. And still this will not account for all the deadness of the old lines of our belief. It is a severely materialistic paper. The trend, we make no doubt, is absolutely honest and in the line of modern homeopathic improvement; but that it is or counsels any improvement on the Homeopathy of Hahnemann, we are moved to question. As a paper filled with bright and suggestive thoughts it stands unexcelled among recent homeopathic addresses, and would have been a notable addition to the Brooklyn Jubilee feast. Other homeopathic papers are good; such, for instance, as "Some Clinical Experiences with Iodine, and Reflections Thereon," by Dr. F. B. Percy of Brookline; "Similia on Headaches," by Dr. N. M. Wood; and "Suggestions Regarding the Re-proving of Drugs," by Dr. Walter Wesselhoeft. A memorial page is set apart for that prince of homeopathic workers, Dr. I. Tisdale Talbot, with an opposite page containing a splendid picture of the deceased.

# Globules.

—A ribald roisterer in the effete East suggests that the author of the liege-halle have one on exhibition at Richfield Springs.

—Dr. R. S. Evelyn of Cleveland, who graduated from the old Homeopathic Hospital College of Cleveland,—being of the famous eight who constituted the remnant of the senior class which did not go over to the seceding college, the Cleveland Medical,—died a few days ago of pneumonia. Dr. Evelyn was a comparatively young man, very active and progressive. He was born in the Barbadoes Islands. He had accomplished a nice practice in Cleveland, and was personally a great favorite with all who knew him.

—In an early issue we hope to give a succinct account of the best ways to reach Richfield Springs from Chicago—and other points, and thus dissipate the notion that it is up the country somewhere away from civilization and steamcars. The chief objection, as urged by a most sapient and wide-awake journalist, against Cambridge Springs—the being at the mercy of the waiters of the one hotel—fortunately cannot be urged as against Richfield, since, aside from its magnificent, well-appointed Earlington Hotel, it has any number of other and smaller houses. But better apply at once for your places in the

Earlington, and so be in good company. The Chicago Homeopathic College will probably have its famous banner flying from the flag-staff.

—The Alumni of the Denver Homeopathic College arranged a treat for its members and the friends of the school in the giving two lectures by well-known men and physicians. One of these was "Some General Thoughts in Medicine" by Dr. David A. Strickler; and the second on "The Trials of a Country Doctor" by Dr. William Lloyd Miller. The card of invitation speaks most highly of these two gentlemen, and we make no doubt that the occasion was duly and appropriately celebrated. The Denver school has seen some hard times, but latest reports indicate that it is on the highroad to success and prosperity.

-The Alumni Association of the Homeopathic Medical College of Missouri—which awkard and high-falutin' title means our alma mater, the Homeopathic College at St. Louishad a meeting and a banquet on April 12 at the West End Hotel, St. Louis. It is our misfortune not ever to have been able to attend these functions; for at the time when we were yet in St. Louis the Alumni were a wholly imaginary body, so far as meeting and banqueting was concerned; and since its corporated existence we have never been in St. Louis at those times. We wish the dear old alma mater the greatest of happiness and success and long life. If we do say it as hadn't ought-er, she has turned out some good homeopathic doctors, many whereof have made an enduring mark.

—The Impersonation Series of Dr. E. H. Pratt have been collected and bound in one volume, and are in the hands of the profession. We have watched these Impersonations as they appeared from time to time in the Journal of Orificial Surgery, and have enjoyed them. They are the wonderful product of a truly wonderful man. They are original; and yet, when any progressive man reads them, he is astonished how much he had been thinking along the same line. They are a help to every good materia-medica student; for they give him a fine picture of man in his several moods and temperaments. Dr. Pratt says this output in book form is a mere trial-effort—to see how they will take. We most heartily recommend the book, and hope that the genial doctor will add to them or elaborate these into a larger volume.

—The president and general secretary of the American Institute, Drs. Norton and Porter, are

sending out a little circular calling for personal canvass in the solicitation for new members of the Institute. The names of members in several of the principal centers are given, and to these members others are solicited to report their findings. This is a very commendable way of reaching the "masses." We have heard enough, in the immediate past, of the blue-stamp circular which overwhelmed us about the beginning of its each president's year, praising the Institute, and counseling greater efforts. Then the whole duty seemed to be done. The present administration makes a personal matter of the solicitation; and from the list of "depots" sent us we infer that rare good judgment has been used, which will result in a larger yield and a more successful meeting than ever before. We join these indefatigable officials in their prayer to the membership, and to our readers who may not be in membership, to make a strong personal effort to increase the bead-roll of members and to arrange to be present at Richfield.

—The Annual Commencement of Pulte Medical College will be held in the Scottish Rite Cathedral Tuesday, May 7. The Annual Pulte Alumni Banquet will follow—and Pulte's Alumni will be guests of the college on that occasion.

—One of the gratifying signs of the times is the gradual though general feeling of good will tending towards those poor people—the millionaires. For so long a period of time as almost to baffle the count, it has been the fashion to be envious of those with wealth, and to express this envy in enmity and ill-will. Latterly, however, under the beneficences of Carnegie and others of that unfortunate class, a better feeling is becoming extant. Our envious hearts are opening a little and letting in the sunshine of charity. It begins to look as if all the millions piled up were not necessarily the robbings of the poor and the worthy. In our country, where these amassings of wealth are possible to even the lowliest, the success which attends the successes of skillful men ought not to turn us against these others of our brethren. The benefactions of Rockefeller and Carnegie and Leland Stanford and Armour, and many of the other wealthy men of the land, ought to show us that they are not piling up their millions for their personal comfort, but rather to help others coming after them. We notice that some of the carping critics find fault with Carnegie for not endowing hospitals instead of libraries. He may do this later. But meanwhile, with the present status of hospitals, we do not blame him for turning his money into the living stream rather

than into the decadent brook. Hospitals no longer continue hospitals. N. B.—We have disposed of all our holdings in Standard Oil and Chicago pork. We never had any.

—The Grand Trunk System of Canada, with head offices in Montreal, presents many unrivaled advantages for reaching the most interesting parts of Canada, its chief cities, lakes, and steamship-ways. The road is finely equipped, and treats its patrons with distinguished courtesy and consideration. Anyone contemplating a trip to the North during the spring or summer should not overlook the advantages of this stable and popular line.

—In wasting diseases, says Dr. Clayton L. Hill of Buffalo, N. Y., "Hydroleine has become with me a 'sheet anchor.' I prescribe it to the exclusion of all other preparations. I have a patient now that is well, strong, and fat, who eighteen months ago was pronounced hopeless by eminent counsel. Hydroleine was the chief means of building up the case after severe hemorrhage and the other complications in cases of consumption. Hemorrhage, expectoration, and cough are gone, and she is well. I could tell of many cases where it has proved of great value in building up weak and debilitated patients."

—The American Monthly Review of Reviews for April gives a very fine paper description of William M. Evarts' part in the great Andrew Johnson Impeachment trial. Benjamin Harrison, whom it designates as A Great and Good President, is well written up. A sterling article of great and timely interest is that which discusses the varied phases of the Steel Trust. We are always sure of finding the prominent questions of the day ably put forward and as ably sustained. The pictures of current caricature are a history in themselves. Augustus Caillé gives his views on The Family Doctor vs. The Specialist. In much that he says we agree most heartily; in other points we think he is talking too much from the standpoint of a specialist who regards the human body as composed of an indefinite number of independent parts, any one of which parts may be handled or treated independently of all the rest.

—A Western homeopathic physician writes that he appreciates our editorial lines on the all-submerging tide of surgery in the present medical schools. He said that, to his knowledge, at one time three professors of a homeopathic college were scouring the town and county for orificial inches upon which to demonstrate the value of the sympathetic nerve stretchments. Premiums were like to be offered at one time for

such timber. But the sad part of the ambition reacted in that it nearly rent the local college in two, and did, in effect, estrange a great part of the homeopathic faculty and profession. Let it be unagain understood, please, that this journal does not fight legitimate surgery or gynecology. They are necessary and God-given. But we fight the wholesale butchery that has been degrading the practice of Medicine; and above all that tendency in many of our schools to advocate surgical measures where ofttimes the homeopathic remedy, if carefully studied, would more clearly suffice. The homeopathic profession is unusually rich in surgeons and gynecologists, such as Helmuth, Lee, Wilcox (Sidney and Dewitt), Pratt, Biggar, Walton, Shears, Gilchrist, Wood, Foster, James, Southwick, Van Lennep, Ward, Dills, Kinyon and others of the long beard-roll. But it, also, has a vast horde of gosling professors and practitioners who cut and cut and cut again on every the least occasion. Surgery has her victories no less renowned than those of Homeopathy. It is the abuse in either department which we assail.

—St. Nicholas, with its wealth of juvenile lore, is on our children's table, and, as usual, they fight for its possession. They have learned from long custom to know the day when the issue comes, and they will one after the other way-lay the postman in order to get the first "whack" at it. The magazine is an enchanting one. Every member in the household holds it most dear, and very few of its pages, from cover to cover, escape a thorough scanning. The productions are of the healthy boy and girl kind. There is no apparent preaching to the little ones, and still the lessons it inculcates are fine and lasting.

—Anyone desirous of making a California trip—and this is that most acceptable of all times—should not forget the conveniences offered by the Atchison, Topeka & Santa Fé system. There is at this time a special rate. The trains are accompanied by a tourist agent, a gentleman whose business it is to attend to the comforts of those under his care, to point out to them the items of interest along the line, and so forth. This is by all odds the most charming of lines by which to reach the better parts of California. Write to T. F. Hendry, the representative at Detroit, if you are in that district; or to any one of its many agents elsewhere.

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FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



GEORGE H. PALMER, M. D., San Francisco, Cal.

ONE of the advantages of living in a city, and especially near the center of it, if you are ethically inclined, and, therefore, do not advertise,—where it will cost anything,—is that you can get your name into the daily paper on every little occasion as the giver of opinions as are opinions, and on burning public questions.

F someone in Chicago of a Monday morning delivers himself of a mare's-nest discovery in

the way of a century-old saturated-saline-solution for putting life into defunct people, and thus gives both light and heat to a credulous populace, the very next morning there will be a half dozen, more or less, of twenty-line interviews in the paper on the same question with "eminent" physicians—all residing or doing business in the down-town district.

F a lecturer, somewhere in the effete East, delivers herself of a ukase on the dangers of kissing, again our "eminent" and "prominent" physicians of the down-town district are called out of the modest and unadvertising retirement and placed in the public eye while a Bunsbian opinion is extracted.

I F our streets lack at times the exceeding cleanliness alleged of some periods of ancient Rome, these down-town specialists in startling information are again, and against their better inclination, drawn upon to tell what they know about dirt and mud and other uncleanliness.

B UT the vaccination question, or any other real live medical question; one in which the people would be truly interested, and one which might possibly array some of the people of their practice against them—in short, any true opinion as from an honest, educated man—is never discussed by them in these newspaper interviews. You couldn't get a newspaper opinion out of any of them on any such question with a corkscrew or a stomach pump. But in the discussion of sensational matters—rumors, scandals, hobbies, corsets, bifurcated skirts, French heels, German in the schools, chewing gum, and the like—they are au fait and very ready and very learned.

# Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. (See issues of January 1st or December 15th each year.)

#### Gelsemium and Belladonna.30

Gelsemium and belladonna are both classed sedative, anti-spasmodic, and narcotic. Gelsemium, however, is sedative to the cerebrospinal system; while belladonna is stimulant to it. Gelsemium relaxes; belladonna contracts. The former increases secretion; the latter decreases secretion. Gelsemium relieves delirium; belladonna produces it. The one slows the action of the heart; the other increases it. Gelsemium is indicated where the face is flushed, the eyes bright, the pupils contracted; when the heat of the head is increased and the patient excited and restless. Belladonna fits the case when the patient is dull and stupid from capillary impairment; when the eyes are dull, not bright, the pupils dilated, not contracted; the skin is red, perhaps dusky, the patient is dull and sleepy, which may lead to coma. When the urinary secretion is free and insipid, belladonna is indicated; while if it is scanty, much colored, and heavy, gelsemium is the remedy.

# Morphine Poisoning in an Infant, Treated with Potassium Permanganate.

Dr. Barker 39 was called to attend a child four days old, who had been given by mistake onefourth grain of morphine sulphate. It was seen an hour and a half after the poison was administered, when it was in a stupor, if not a comatose condition. The skin was markedly cyanotic, covered with a copious perspiration and cold to the touch; pupils were unduly dilated and insensible to light; breathing stertorous, and respiratory excursions numbered about five per minute; pulse was so thready and feeble that it could not be counted; the anterior fontanelle greatly depressed, and muscles completely relaxed. It was given two grains of permanganate, hypodermically, heat applied, and artificial respiration performed. A few minutes after giving the potassium salt it was seized with several violent convulsions, which occurred in rapid succession, each lasting about one minute. Two grains more of permanaganate were administered, an enema of warm water given, and Shultz' method of respiration practiced for about five minutes, when improvement was noticed in respiratory and cardiac action. Besides this, drop-doses of diluted brandy, and ap-

plications of artificial heat to the skin, were given. The coma becoming deeper, two grains more of permanganate were given. Immediate improvement in the symptoms was noted, and recovery was uninterrupted and complete.

#### Oenothera Biennis.

F. K. Martin, M. D., in Ecl. Med. Journal, places this remedy near the head of his list of remedies for diseases of the digestive organs, and he always thinks of it when there is functional trouble of these organs.

Scudder's indications are "a sallow, dirty skin, tissues full and expressionless, an expressionless face; a tongue the color of the skin, very unnatural and large; patient gloomy and despondent." Webster, writing about its use in typhoid fever, says: "It has been found useful to allay irritation of the intestinal mucous membrane and lessen the chances of serious mischief from the inflammatory action which precedes the ulceration of Peyer's patches, while it is argued that it may prevent ulceration if its use be begun in time. In this it resembles kaki."

In typhoid fever it will allay irritation of the mucous membrane and help shorten the run of fever; especially if small doses of asepsin are used with it and it is used with warm water to flush the bowels. Primrose is indicated where there are functional troubles of the digestive organs, extreme debility, distress after eating, vomiting, restlessness at nights (aggravated by a desire to urinate), watery diarrhea, or bloody or mucous discharges. An ointment made by boiling part of the plant in lard, or a decoction, is especially useful as an application for eruptive skin diseases, ulcers, etc.

#### Cardiac Dropsy.

Jousset 26 believes that ancient wisdom has said, with reason, that when we cannot cure we should relieve. A fact in my practice illustrates this. It was in 1856, when I was full of illusions now wholly dispersed. I attended a patient the subject of asystolia, anasarcous, and with a dyspnœa which did not allow of his lying down. I prescribed persistently, but unsuccessfully, spigelia, cactus, iodine, etc., in all dilutions. The patient got no better, rather worse. He betook himself to the practitioners of the neighborhood, who gave him an infusion of the leaves of digitalis. The urine flowed freely, the ædema disappeared, and some days after the sick man could sleep in his bed. Naturally I lost my patient, but I did not lose the lesson his case taught me.

#### PLEA FOR CONSERVATIVE SURGERY.

By A. H. SWINBURNE, M. D., Marietta, Ohio.

Great strides have been made in the advance of surgery during the past century, in the advent of anæsthetics, the improved technique of many operations, and in the antiseptic discoveries, until to-day the abdominal cavity, the lungs even the brain—are operated with impunity; the lacerated intestine has been delicately and successfully repaired, and a diseased stomach has been removed and the patient recovered. These startling successes have impressed the profession and public with the idea that there is no condition but that may be remedied by an operation, and the advent of the twentieth century may go down in history as the Surgical Era. The few phenomenal successes have so taken hold of the profession as to cause these means of relieving disease to be exaggerated and the craze for operating carried to the extreme; frequently overlooking the importance of medical treatment in their enthusiastic desire to add still another disease to their domain and accompanying laurels for their bold and fearless labors. The facts that very few of the so-called successful operations result in permanent cures, that many must depend on after-treatment to cure the trouble, besides the large numbers who die from the effects of the operation, seem to be lost sight of in ecstatic delight over a few brilliant cures. The physician who is ever quick to advise operations for his patients is one whose skill in treatment is questioned, and just as likely his diagnostic ability would not bear close scrutiny, but in the sanctity of the operating room, or the gloom of the grave, mistakes are easily covered up. That appendicitis should be considered a strictly surgical case, and operated immediately, without even giving medical treatment an opportunity to control the disease, is altogether wrong, for the majority of such cases can be cured by the proper treatment, and only occasionally is it necessary to call in the aid of surgery. The successful physician who cures such cases is more likely to be correct in his diagnosis than the one who believes little in the efficacy of remedies. I make the statement, based upon ten years of experience and close study, that more cases of this disease can be saved by skillful treatment alone than can be done by operating in every case. What the present century needs, in fact will demand, is more skillful medical specialists, who, while realizing the value of surgery as an aid in treatment, will be slow to advise critical, dangerous operations till every possible medical means have failed, for it is evidence of greater skill and merit to treat and save a diseased part than it is

to amputate it, and it is far more rational and scientific to consider that disease can best be treated by remedies, to reach the general constitutional condition which is the cause of the local manifestation, than to merely extirpate with the knife the local effect. Unless conservative surgery very soon supersede this mad operation craze, and the art assume its proper place as merely an aid and secondary to medicine, a thinking and disgusted public will go to the extreme of denying all surgical interference, even in the few cases where it might prove an aid to a patient's recovery.

### COCAINE IN CHINA.

By Frederick B. Webb.\*

The medical missionary in China will welcome cocaine as a substitute for chloroform.

First, he need not purchase the anæsthetic as frequently. Many of the hospitals are located in a treaty port, as Shanghai or Tientsin, and in these cities it is easy to keep chloroform at hand; but in the interior, away from "fire-wheel boats" (steamers) and quick postal facilities, the doctor is greatly inconvenienced if his supply should give out at short notice.

Again, the Chinese have a superstitious dread of chloroform. From their point of view it is foreign magic, and how their friends can be first "made dead and then made alive," and not feel pain, is a perfect mystery. Should the patient happen not to survive, but to remain dead, it goes hard with the operator. It is a wise precaution, therefore, to have an agreement in writing with the family that they have requested the operation, and will not go to law or ask for damages. The Chinese have a horror of entering the spirit world minus any part of their anatomy, and after an amputation will ask for the limb, so that it may be buried with the owner.

Also, the injection of cocaine will not be regarded with suspicion. The medical missionary has many prejudices to live down. When the Emperor expelled the Jesuit missionaries 250 years ago and massacred the converts, he published an inflammatory edict stigmatizing Christianity as a "devil's religion" and its followers as devils, and ever since then foreigners have had an evil reputation. He is pictured as an ogre who eats human flesh and gouges out the eyes of young children, and then mixes the essence in his medicines to make them cure quicker than Chinese remedies. He is credited with the ability to see three feet into the ground

<sup>\*</sup> For five years in Southwestern China.

and ten feet into the water, and, because of his success with opium suicides, it is not an impossibility with him to raise the dead to life.

Acupuncture has been practiced in China for centuries with septic technique, and the reputation of the Chinese doctor largely depends on his skill in the use of the needle and his ability to write a shot-gun prescription. The puncture is to allow the exit of the evil spirit supposed to be the cause of the disease.

The medical missionary, with his trocar and cannula and hypodermic syringe, will be carrying out routine practice when he punctures the spine and injects the cocaine, and everyone will be satisfied. The patient will not be "made dead," the knife will be less dreaded, a wholesome atmosphere of friendliness will be created, and better opportunities afforded to point the sick to the Great Physician.

#### A PROGRESSIVE HOMEOPATHIC COLLEGE.

From a letter received from Dr. Wm. Henry Wilson, Registrar of the Hahnemann Medical College and Hospital of Chicago, we take the following:

"Beginning May I of the present year, the work of the Hahnemann Medical College and Hospital of Chicago will be conducted on the following plan: three terms will be given each year, any two of which will constitute a year's credit. Students may enter at the beginning of any term. Each term will be complete in itself. The work of the college is so arranged that the subject is either given completely in one term, or one-half of it is given in one term, and the other half in the next ensuing term. The subjects which are given in two terms are always divided into two parts. During each term work will be offered for the students of the first, second, third, and fourth years. During the summer term special opportunities will be offered to practitioners for work in the various clinical departments. This new arrangement of the college work will present a number of advantages: first, students may enter at three different times during the year; second, students may take their vacations during any time of the year; third, students may graduate at the end of any term; fourth, the college work is available to practitioners during the summer months; fifth, laboratory classes will be smaller, making it possible to give each student a greater amount of individual attention. Add to these advantages the fact that Hahnemann Medical College conducts the largest clinics of any homeopathic college in the world; the fact that it

has put in service a new pathological laboratory during the past year which is not surpassed in equipment by any institution in the city, and that its other laboratories have been increased in size, and have received important additions to their equipment, demonstrates that Hahnemann Medical College is abreast of all the educational demands of the day, and that its facilities are equealed by few and surpassed by no other college."

From all which it is evident that The Hahnemann has stepped forward, and a little in advance of the front rank in medical teachings, and has done so by the invention of progressive and attractive measures. This plan, as we have studied it carefully, has the exceeding merit of being flexible; meaning by that, that a student is given some discretion of action after he once enters the matriculant door of the medical school. It means that the student, if he finds himself unable to finish his work in any given year, may drop out at the close of any half-year term, take it up later where he left off, and finish without prejudice. A close study shows that this college is not doing any forbidden thing; it is not offering to graduate students who have taken the necessary eight half-terms, in less time than is now required in the Institute, and by the medical laws of the country. It is now possible for a young man, to whom time is a large factor, to take a third term of study in one year when, ordinarily, he would be laid off and remain idle during a long summer. It is good, also, in that the student will be able to keep in close touch with his previous term's studies, and will not need, when he takes it up, as at present in most of the colleges, to spend several weeks in "catching-up" with what he dropped six or eight months before. As suggested in the letter, and as we have seen explained otherwheres, the summer course is a desirable season for a good many physicians who wish to put in a course of pseudo-post-graduate work, and thus "brush-up," or take wholly new, some subject which in their time and school was either not taught (say, gynecology, or bacteriology, or chemistry, or microscopy, and the like), or poorly attended to by themselves—when, as undergraduates, the prime object was to "pass' and secure the diploma, rather than applying themselves to medicine for medicine's sake. There are, to-day, very few progressive physicians who do not realize how inadequate is their equipment for practicing much of what goes current as and for modern medicine. But the hard physical labor associated with the day's work, and the inability to leave that work during the ordinary college terms, has rendered it almost, if not quite, impossible for them to study

privately or attend the Alma Mater. It is a fact that with the exception of the San Francisco school,—which is favored by its "glorious climate of California,"—medical teaching in the summer months has not been considered practical or profitable; and as all post-graduate work is done so early in the year—although designed for the practitioner—the said practitioner could not safely or monetarily avail himself of these opportunities. Another, and a concluding, reflection is that work is far more easy of getting in the cities during the winter than in the summer; so that if the student, being dependent on himself for financial resources, must be idle during some part of the year, let it be in the summer when living is cheaper and his mind can give itself wholly to his studies. We consider this new plan of the Hahnemann of Chicago a distinct advance, and one which will be welcomed by both student and practitioner. We believe this excellent college has touched a popular idea in medical matters, and that its plan will be crowned with abundant success and prosperity.

#### HOMEOPATHY AND PATHOLOGY.

In an able paper by Dr. Chas. Mohr, of Old Hahnemann of Philadelphia, on "The Relation of Pathology to Homeopathic Therapy," the author shows conclusively that Hahnemann was not against Pathology—when that word is used in its honest definition—Dr. Mohr quoting a number of paragraphs from the Organon which certainly sustain the position assumed. Dr. Mohr deprecates the tendency of the time to discredit homeopathic therapy, and the substitution of those things which are neither of the one school nor the other. He speaks of those "physicians of our school who rightly believe that the anatomical lesion alone gave no indication for drug therapeutics in Hahnemann's philosophy; and . . . others again who wrongly believe that the subjective symptom phenomena were all that Hahnemann took into consideration in treating the sick.

"There are still too many homeopathic practitioners who make a single objective symptom and its nearest organic origin the basis of therapeutic therapeutics; they endeavor to match an anatomical structural change by a drug supposedly capable of producing a like pathological product. They apply the remedy to a disease rather than to a patient. Witness the too common practice of prescribing phosphorus because a patient has an inflamed lung. Similarities like these are alluring, but the fascination leads men to follow Paracelsus and Rademacher rather

than Halmemann. . . . Halmemann himself cautions us in the Organon against being misled by such persistent single symptoms, however peculiar or individual. Sometimes, too, a prominent and peculiar symptom is the result of some removable cause, and no matter how near the symptom is matched by a drug, it continues until the cause is removed. The drug was not indicated. Halmemann taught us to remove the cause by whatever means were necessary."

The quotation from Dr. Russell Reynolds, before the British Medical Association, is worthy of a thorough reading because it is unwilling, or unwitting, praise for the true homeopathic doctrine—the proper estimate of the subjective symptom. And to this same category may be added the address of Sir Andrew Clark as President before the Clinical Society of London, in which he differentiates between the true and the false clinician. Dr. Mohr, in concluding his able paper—and which paper we counsel our scientific and homeopathy-denying brethren to read—says, "In the application of therapeutics we must know all there is to treat, before we can apply a medicine."

Throughout, this paper deals with problems that have seemed to the untutored homeopath outside the domain of "little pills." It will astonish him, if it will not glad his timorous soul, to learn that Hahnemann did not prohibit the study of pathology, and did most strenuously inculcate the removal of all disease products that were removable before essaying to fit

the homeopathic remedy.

# THE UNANIMOUS VOTE.

It is very evident to a lover of the Institute that some easement must be given in the laws which govern its discussions and its parliamentary action if peace is to continue. There have been for a long time—from the first of our connection with the Institute (though, of course, not because of that connection)—murmurs of discontent with the form of work done in the closing hours of the annual session. Less of this objectionable legislation has been passed in recent years than formerly; but occasionally some motion is feathered and fathered in the midst of the hammering and boxing of the Pharmaceutical and Surgical Exhibits that might just as well have been put a few days sooner, or omitted. What that relief is to be, in what form it shall be presented to the Institute, is not yet apparent. But that such relief must come is apparent.

The question of the location of next place of meeting will soon be before the profession. The

arguments against changing what the Institute, at any of its legal sessions, seems to have ordained and commanded finds a great many advocates. And yet, when one thinks of it, there seems to be no adequate way of handling this question unless it be done, as with the nomination of officers, by a Committee on Nomination, following the rule adopted in the nomination of officers' names, i. e., let places recommended by responsible parties be submitted to the membership, without speeches, indeed, without their heralding or tooting on the floor; let it simply form an additional line or two on the ballot to be voted by the properly entitled member. This seems very simple, and is simple. The membership of the Institute will then know, and know from the first day of the session, what places are in view. Good!

But now, suppose, after such vote is recorded firm and strong, it is discovered that, by reason of accidents, fire, blood, pestilence, or other conceivable happenings, the place selected is found to be absolutely unfit. Then what? Shall someone have discretion to make the change? And who shall that someone be? If any committee is appointed, will there not always be danger that that Committee, when traversing the full spirit and letter of its prerogative, may precipitate discord and disaster? What, then, shall it be? An appeal to the membership at large, as

was done recently?

We have supreme faith in the fathers and lovers of the Institute taking this remaining problem and peacefully solving it, as they did with the officers' nomination and election. General debate on the floor, on matters where the spread-eagle and the Fourth-of-July orator may wind his windy horn, is a mistake. The audience will listen, as they would to a prize debate in the little red-brick schoolhouse on the hill between two wranglers, and vote as by caprice or sentiment, caring nothing for either. membership which, at Washington, was swayed to its undoing by the perfervid oratory of the various champions, had nothing seriously at stake, and cared little. They felt that wherever the Institute went it would be well taken care of; or, if anything very detrimental was discovered in the place selected, that someone in authority would apply the proper corrective.

Much, too much, indeed has been said and written latterly concerning the "unanimous" ballot, the "unanimous" voice of the Institute, the "unanimous" selection, and so forth. We think, and so we believe do the very people who now advance this "unanimous" argument, that the unanimity of a body of people, laboring under the excitement either of patriotic and praiseworthy or law-destroying sentiment is not a safe unanimity. A community, as well as a

single individual, may go temporarily mad. As witness some of the most atrocious of holocaustings and mob and lynch law. The power of hysterical excitement, of well-pictured indignities, of crafty arguments upon a body of people, who may themselves have little or nothing to gain or lose, is not to be computed. History is full of it, centuries before Christ. The demagogue's appeal to the "unanimous" vote is

purely that of a demagogue.

We remember distinctly how that before the taking of the nominations for officers from the general sessions, some peculiar unanimities were recorded. We recall how Dr. Hall of Chicago had his closing years embittered by some of the machine politics invoked and speeches made on the floor of the Institute. We remember how A. I. Sawyer fought and struggled for the Presidency and failed—until too late. We remember how Buck's friends were out-orated on the floor; and how he failed of his reasonable and great ambition; and how he only reached the office on a compromise, or rather a pro-temship. We remember the accusations against, and excuses for, that g. o. m. Couch. And so others will recall other broken hearts and embittered spirits because of the capabilities and devilish ingenuity of a few master-politicians in defeating the wish of the Institute—by invoking lurid rhetorics, blamable allegations, and the telegraphic recall of voters who had gone home the day before. But the Institute, as always, rose superior to this constant danger. It put the proper legislation upon its books, and since then the nominations and election of officers are no longer brought into the Institute; and the battle, or whatever strife there is to be, is fought to a finish in the smokers and hotel-lobbies, and the Institute is enabled to give its whole time to that for which it was inaugurated.

The "unanimous" vote, unless honestly taken, is a mistake, and is "unanimous" of nothing but the political sentiment carefully and craftily worked-up by sky-rocket patriots and their speeches. It is not a safe vote. It is very nearly as honest a reflex of the real feeling of the voters, under such excitement, as that painfully lame request in the Methodist Church when the presiding dominie asks all those who want to go to heaven to please rise; and a moment after asks those who want to go to the other place also to rise. The choice is very honest, as we all remember. And, therefore, it must be taken for absolute that there was a "unanimous" vote to

go to heaven.

Let the law-makers of the Institute, the coolheaded students of its best interests, take this matter of closing-hour legislation in hand NOW and be prepared to make it effectual at Richfield Springs. There is no good reason why this threatened danger may not be wholly eliminated by calm and judicious action.

### STATE BOARD " CATCH" QUESTIONS.

In a morning paper recently received from Atlanta we find an article contributed by Dr. H. M. Paine, the Father of American Medical Legislation, in which he objects to and condemns Mark Twain's most recent utterances touching the purpose of modern medical restrictions. There is no urgent need to quote the article, for it contains the usual arguments with which the profession has been familiar for years; but, in so saying, we do not wish to be understood as animadverting upon the arguments used by Father Paine; or to imply that they are not now, as always, pertinent and convincing. If any man ever knew all the arguments needed for pushing some bit of legislation upon which he had set the later half of his life, it is Father Paine.

But it reminded us of a report recently printed in the North American Journal of Homeopathy of a meeting of the Homeopathic Medical Society for the County of New York, where Dr. Ide Pierce presented the pièce de résistance in a scholarly paper attacking the system of examination to which the applicants for medical license in that State were subjected. He charged that "catch" questions were put to ap-. plicants; that the Examiners seemed to be of opinion that no examination was a fair examination that did not treat the applicant as an expert, and which did not demand of him expert answers, as if he were applying for a place in some medical college as professor for each department. He wanted ordinary, every-day, practical questions put to practical men. Dr. Porter said the Examiners are never popular when fulfilling their duties; he did believe, however, that the questions asked should be plain and positive and designed to cover rather what the applicant knew than what he did not know. He sincerely deprecated any "catch' questions. He also fell in line with the many opponents of the State-examination system when he declared that the Board had never done anything to weed out quacks; and, further, that examinations should be made of all comers, regardless of the time spent or not spent in college preceding the actual and formal entering upon medical studies. Dr. Dearborn commended the Pierce paper and complimented the essayist for his courage in bringing up the matter for discussion. He said that the colleges did not profess to produce experts, and that, therefore, the questions should be seasonable and reasonable.

Dr. Garrison and other of the members present coincided with these views. Dr. Butler, the State Examiner in homeopathic materia medica, disclaimed any intention of giving "catch" questions to applicants, but admitted that bad proof reading had made some "new remedies." He did defend, however, the questions concerning artemisia and juglans cathartica as proper homeopathic remedies.

Dr. Butler, in the course of his remarks, made two significant statements, which will be hailed by the great outside-barbarian medical world as the possible beginning of a break in the great Chinese wall now hedging about this Empire State: namely, that old practitioners from other States should not be discriminated against; and that there should be reciprocity between the

States.

With all due kindness to Dr. Butler, whom we hold in especial esteem as an upright gentleman, physician, and Examiner, and whose motives we do not seek even for one moment to impugn, we yet declare that his zeal for examining the medical applicants has carried him too far and away from the clear intent of the law, namely, to learn if the applicant knows enough of medicine to be safely intrusted with the care of the sick of New York. And we say that artemisia, and juglans cathartica, are not homeopathic remedies with which the practical homeopath has any acquaintance. We have had some little experience in homeopathic materia medica; we have given it special study; have taught it to several hundred students; and we are ready to say that we know nothing of either of these "homeopathic" remedies. Nay, we go farther and declare that out of every hundred practical homeopaths, ninety-and-nine know nothing of these remedies; and if they have ever heard of them before, it was in the salad-days when some beetle-browed professor unloaded a half-hour or an hour of odd remedies upon them. Why, not, then, stick to the real homeopathic list? Goodness knows there are enough of these, and well-proven, too, to severely tax an active practitioner to carry with him under his hat into the gloom of the New York starchamber! This is the old plaint-that professors in colleges try the same thing upon the seniors: to wit, to see if they can't trip them up on some pseudo-homeopathic remedies which no one in the State ever uses,—except the professors, and these only in their moth-bitten and thumb-stained papyrus. Forget the Professor and the Examiner sometime, gentlemen, when you are dealing with men and women who appear before you for examination—not for a bit of blue ribbon, or a gold medal, but for permission to practice practical medicine and surgery.

The position of the American Homeopathist on the State Law and Medical Examination Board has been known from the first. We did not take kindly to the barb-wired restrictions which were placed about any profession or vocation in the free United States. But in later years we have so far compromised with our professional and editorial conscience as to admit that the intent of the makers of these laws was good; and hoping that the unfolding future would bring with it some better, and less un-American way of disposing and regulating the out-put of our medical colleges, and the uplifting and the bettering of the matriculant. But we have never ceased to condenin that part of all these laws which was palpably and selfishly in the interest of the bread-and-butter contingent of the State, and could not, by any stretch of imagination, be cited as in the interest of the better treatment of the people of the commonwealth. Namely, that section or those sections which discriminated against the practical practitioner from another State; while it still permitted the practice of men in its own State who did not, either theoretically or practically, know the difference between bear and bull's-foot. We contended, and yet do contend, that to shut out Cowperthwaite, or Biggar, or Walton, or Comstock, from practicing in New York because, forsooth, these, and other eminent men and physicians, no longer remembered the abracadabra of their medical infanthood; or were not able to keep pace with the infinite number of littlenesses now introduced into and doing duty and working overtime in the medical colleges —was and is a crass injustice, not alone to these eminent men, but as well to the people of the sovereign State of New York. We can agree to the star-chamber practice when dealing with the immature pillow-throwing fledgling just from the hard benches of his Alma Mater; but why insist upon the same Procrustean measurement for him or them who have been before the bar of public and professional life for years enough to safely establish their ability and reputation to practice medicine and surgery in any community where people get sick, have ovaries to take out, or babies to born?

It pleases us, therefore, to note the trend of discussion in this County Society; and we cherish the hope that the agitation there precipitated may continue until some measure of relief is afforded the people of New York, as well as the physicians of note and eminence who would be glad to come knocking at the door for admission, as so many eminent men in New York now did in the aforetime—instance, T. F. Allen and W. Tod Helmuth, and many others. Let us be honest in this matter. Some measure of injustice must necessarily be inflicted in the do-

ing of every act of justice; but when the known laches in a law are visible and notorious, why not go about it with an honest heart and an honest desire to its correction? Or else take down the pretense that the law is for the protection of the people. We are glad also to note the statement of some of these New York members, that the law had done nothing to eradicate the system of public quackery which is as arrogant and as rampant as ever before. These are admissions which we had not expected from occupants of the land of milk and honey. It does show that the better element of the profession is not unconscious of the inconsistency of many features of the present law, and that relief should be afforded in order not to array every hand against the great State of New York, not only in the profession without its gates, but from every household in that State as well.

#### MINOR REFLECTIONS ON MINOR GYNECOLOGY.

"Aseptic Minor Gynecology With Demonstrations," is by Austin H. Goelet, M. D. This eminent gynecologist, while apparently recommending office-treatments for the "transient" patient—and by contrasting silence trying to show that hospital treatment is not needed in the great majority of cases—vet so completely obscures the simplicity of the office-treatment that the patient might just as well go to the hospital and be done with it. Indeed, a careful reading of all the ifs and ands and buts which hedge about an office examination make one feel that, perhaps, the doctor has a private hospital, and takes this mode of calling attention thereto. When it is recalled that the average womanpatient, in the average doctor's office, pays but one single dollar for examination and medicine, and remains there not to exceed the better part of half an hour, it is utter nonsense to ask for a half dozen clean pillows, and sheets, and pads, and a pound or two of absorbent cotton, and scrubbing and shaving, and tampons, and so forth, and so forth, for each case. It is like saying that a doctor cannot examine a sore throat without an assistant, a barrel of instruments, and all the other aseptic rigmarole of the hospital, lest he stir up a quiescent microbe in department A who, being disturbed in his lair, growls ominously and, creeping into department B, will raise particular Cain. The objection to all these text-book recommendations is that it plays unnecessarily into the hands of the hospitals and trained nurses; and dead against a poor woman and her poorer husband. Say that a man draws a hard-earned wage of fifteen dollars a week. His helpmeet becomes seriously

ill by reason of the carelessness of some male An operating-physician is called. Instead of trying to lighten the gloom in that household, he orders the poor woman to his hospital, which means three weeks on her back, room rent, a costly operation, a fifteen-dollara-week nurse, medicines and appliances to the fullest limit of the chapter of Antiseptics and Thomasfoolery; when the fact is, as has been repeatedly demonstrated in this city, by an eminent surgeon and gynecologist, too, that curetting and other minor gynecology may be done at the house with a clean, professional (not hospital) nurse and the minimum of expense. course, in this latter case His eminent Sir Cuttership cannot strut down the ward of his hospital the next morning with a trailing procession of admiring students, and a possible doctorfriend from a distance, walk twice around the bed, say a pleasant word to the rosy-cheeked trained nurse, and charge three dollars in the subsequent bill for such walk and pleasant word and rosy-cheeks. Gentlemen, get away from these stud-hoss airs! Many a good operation is done in the country, many a baby is born, many a uterus is replaced and curetted, without the agony of a hospital course and a hospital bill.

# ANOTHER VANISHING PERIOD.

The Deadly-Parallel issued by our friends in Western New York speaks, under the sanctity of a sworn-to affidavit, of the capacity of the International Hotel at Niagara Falls. Some of the Spartan band, who, upon that ever memorable last day—the twenty-seven—who overthrew the vote of the eight hundred and seventysix, or five hundred and ninety-three of the two days preceding—some of these long-memoried people recall that a telegram was read in the meetin' from this same swearing Boniface agreeing to take care of five hundred people. In September, when he was bearded in his lair by an unofficial party of Institute members, then visiting the Falls, he said he could safely accommodate three hundred. Now, in the Deadly-Parallel, he swears to his hotel's capacity as being but two hundred rooms, with twenty-five of these already engaged! At this progressive rate of decrease there would have been no rooms left in his hotel by the time the Institute should have met in Niagara Falls. Then, think too, this is Exposition year! Where would the usual Institute attendance of from three to six hundred persons have been put in this one-hundred-andseventy-five-room house? No, thank you, kindly; we would "kick," too, if we had been asked to double-up, not only on rooms, but as well on beds. We had that disagreeable experience once before in this same hotel—as we have formerly explained—when we attended the Imperial Council of the Mystic Shrine at Buffalo, and our Temple was billeted on Niagara Falls and in this hostelry. And we still have that peculiar taste in our mouth and memory, generated doubtlessly by the rosary of words spoke backwards and crosswards and cusswards because of the fraud which someone had deliberately perpetrated upon us pilgrims to the Most Holy Shrine of our Order—weary and footsore as we were from crossing the hot sands of the desert.

Now, since our brethren of the west end of New York have had their innings—nay, two innings -one before and one after-let us drop the matter lest it degenerate into a "chops-and-tomatosauce-for-two" case. The Deadly-Parallel ought never to have been written, and much less, published. It was most naturally conceived in pique, and born in chagrin; it was sedulously fostered by some few rule-or-ruin patriots, who do NOT live in Buffalo, nor even in New York —and whose chief motive must have been to create a diversion and a division in New York's always solid delegation. The same purpose was evidenced in Pennsylvania, where, as we learn, another rumpus was precipitated, and two factions have arisen where formerly there was but the one blade of grass. That was how the wolf divided the sheep. Then he destroyed them at his elegant leisure. Several political-hucksters have been trying for several years to break into the Institute pay-roll. Their best laid plans have, for one reason and another, gone aglee. At last it was believed the day of consummation would be reached if the Institute could be gathered together at Niagara Falls. It was a convenient and friendly territory, and contiguous to other friendly neighborhoods. Alas for their schemes! Even before the Institute left Washington some few of the level-headed ones, who had no axes to grind, and no chips to chop, began to ponder the probabilities for success at Niagara Falls. And the more they thought the more it seemed a poor place for this year. So a saving resolution was passed, leaving it to the highest authority in the Institute to determine. What was done is no longer matter of news, thanks to the Deadly-Parallel. If there is any doubt in the mind of the Institute touching the honesty and legality of that action, there is a place, and there will come a time, when an accounting may be demanded and be made forthcoming. But that is not the point at present. The point is this: that some of these politicalhucksters, fearing the action of the placid membership, away from the oratory and eloquence of two or three well-groomed and pruned persons, would look at the Niagara Falls problem in a light different from what they did while under the sway of the spread-eagle speeches and Fourth of July pyrotechnics; so a handful of these likely-to-be-affected gentry began telegraphing and writing deprecatory, nay! threatening, messages to the Executive Committee in the event that committee dared to carry out what might seem the best for the Institute! Nice business that, for full-grown members of the Institute! Sir? When, however, the Institute had decided anew what it wanted, then these smell-feast friends at once played their second card, to wit, the breaking of the solid delegations of New York and Pennsylvania! And from most recent accounts they seem to have succeeded. Now the Presidential and General Secretaryship boom is assured!

Our brethren of Western New York are singularly obtuse if they do not see the fine Italian hand of a few politicians in all this fuss and feathers; if they do not see that someone is using them for a cat's-paw to scratch out a few chestnuts—say the Presidency, and the General Secretaryship—for the use of these outside barbarians—for we distinctly exclude the New York brethren, all and singular, from our present jeremiad. We may be pitifully mistaken and peculiarly obtuse, but we really and sincerely believe that the trouble has been fomented elsewhere than in Western New York or Pennsylvania; and that the feeling of disappointment and anger which very naturally resulted from the adverse decision has been used to build a national issue upon. We have not been retained by the Executive Committee to defend their point of view, if it need any defense; nor do we propose to mix up in the squabble; but this we do say, that if the Executive Committee of the American Institute of Homeopathy—composed of the most honorable and most eminent men of our profession-men, too, against whom no breath of dishonor has ever been whispered—if these men, with every interest of the Institute at heart, cannot be trusted, but may be assailed with all manner of defamatory and dastard refuse, then the Institute had better devise some other method of being governed! Talk about a precedent being established in the way of overriding the Institute's wish—as if the Executive Committee had not absolutely deferred to that Institute's wish! What is that alleged precedent compared to the other precedent now established—of blackmailing and dishonoring a president and his board of advisers at the beck and dictation of two or three members whose chief services in that Institute, as elsewhere, have been to sow dissension and disruption! It will

take a brave man in future to stand for President of the Institute, truly.

We are all good Americans. A good American stands by the ballot. The ballot has declared the people's will. There is nothing more to do-unless it was and is the design of the few to so defame and discredit the Institute that it may never again be what it was under the-careful guardianship of the Fathers. The Deadly-Pararellel will, unless all signs fail in dry time, tend to do more harm to the Institute than all the wrongs which a dozen executive committees could have generated, though they had prostituted every power and prerogative of their high office. If that was the purpose of the writers of that paper; if that was the expectation of the reputable journals who gave it print-room; then let them array them in their holiday garb and sound their toesins and be exceeding glad. Success is theirs. The way to roast a pig is to burn down the house. The way to purge the Institute is to pull down the pillars of the temple.

# THE CLEVELAND COMMENCEMENT.

On Wednesday, April 10, thirty-nine seniors of the Cleveland Homeopathic Medical College took their degree in due and ancient form, amid the usual accessories of music, flowers, mortarboard, and Oxford gowns, and several good speeches. The Epworth Memorial Church building was used for the occasion, but that was all. No preacher-men running matters. It was distinctly a medical occasion. The address of Judge Solders was extempore and very practical. He was listened to with attention, and his frequent witty sallies as well as his telling points applauded. Professor Gurnee of the faculty delivered the faculty valedictory, and acquitted himself very creditably. Judge White, president of the college, was in his usual element, and did the honors of the occasion. The class made an average of ninety-five per cent., and presented the appearance of a fine body of men and women, as they received their diplomas. following are the graduates:

Merrett Corey Barker, Pauline Heidet Barton, Elroy Vernon Bishop, Theron L. Blackledge, Robert Andrew Buchanan, Ph. B., A. M; Rolland Augustus Case, William H. Diebel, J. Walter Donaldson, A. B.; Harry Buoy Faulder, Judson Albertis Ferree, Robert McKune Ganow, J. Glenn Hemington, George Amos Hildebrand. Edwin Cornue Hoff, Walter Kloss Hoffman, Fredd Chandler House, George Earle Hull, Allan Pearson Hyde, Frank Blackmarr Jackson, George W. Jones, Esq.; John Kimmel Kiser, Calvin L. McCoy, Angus Alexander

Mackintosh, B. S.; Arthur Orlando Miller, M. E.; Mary Dean Mumford, George Dawson Nicholas, Denver Harry Patterson, Guy O. Rowland, Raymond Clare Rush, Ida May Scott, B. S.; Lewis F. Sipher, Frank H. Sisley, A. B.; Elmer O. Silvieus, Garner Palmer Spaulding, M. E.; Edmund Taber Tripp, Homer Dawson Wallace, Carl Watson, Harry O. Whitaker, Edward Orton Willoughby.

### COLLEGE COMMENCEMENT AT KANSAS CITY.

Editor Homeopathist:

We have just had a very good commencement at Hahnemann College, and have better prospects for next year than we have had at any time in our history. Our class for this winter numbered sixty-three, with a degree of regularity of attendance not before experienced. Our graduating class numbered an even dozen, eleven men and one woman, and a clean-cut, well-educated, and worthy class it was. Among the number was one who is an instructor at one of our dental colleges, and through him we are having very good results with a number of embryo dentists. Heretofore these young men have been rank allopaths, but they are having their eyes opened, and their minds relieved of their prejudices. Nearly two hundred of them attended our exercises, listened with the liveliest interest to Dr. Fisher's exposition on medicine in general, and homeopathy in particular; joining heartily in the applause given the speaker at the close, and evincing an earnest interest in what they heard. They did the nice thing by one of their instructors, Dr. Wallick, who received his medical diploma with us on this occasion, by presenting him with two elegant medicine cases, one from the general class and the other from the freshmen dentals.

Another of our graduates came to us all the way from Japan. He is a brother of the supreme justice of that country, is thoroughly enthusiastic in homeopathy, was accorded uproarious applause when he went forward to receive his degree, and goes back to Japan with the intention of practicing homeopathy, and making just as many converts and students for it as possible. Dr. Yamada will take post-graduate work in Chicago for a few weeks before

going home.

The commencement address was delivered by Dr. C. E. Fisher, recently returned from Cuba, who was introduced by Dean Jenny, who has known him for thirty years, as "one of the hardest workers, best-known editors and writers, most pleasing and earnest speakers, and best

all-round defenders homeopathy has ever had." Dr. Jenny quite fully reviewed Dr. Fisher's work for homeopathy in the West and South in the earlier days, and later over other parts of the country; urging upon the graduating class the same assiduity and zeal in homeopathy's interests, and the same loyalty to its law and practice, that the speaker of the evening had always exhibited.

Dr. Fisher's address was carefully systematized, and was very well received. He devoted, perhaps, five minutes to reminiscences of the early days, recounting when he first saw Kansas City, a village of fifteen hundred, down by the river bank, from the deck of a Missouri steamboat in 1858, and when he next saw it in 1873, when in attendance upon the organizing meeting of the Missouri Valley Homeopathic Medical Society, which meeting was attended by Franklin, Parsons, the Husons, Mayer-Marix, Thorne, the elder Baker, and other pioneers; only himself and Jenny, of all who were present at that time, being left to be present on this occasion. He then followed with a clearcut and well-sectionized effort, dividing man's life into four epochs, his birth, his marriage, his death,—dealing with each of these facetiously, -making the fourth epoch of importance his entrance upon his profession. He elaborated for fifteen minutes upon the importance of medicine as practiced to-day; dwelling upon the value of a knowledge of anatomy, pathology, and diagnosis; illustrating the study of each by interesting observations and incidents, and rounding off with ten minutes of explanation and defense of homeopathy and its precepts, strongly justifying the candidates about to receive their degrees in having chosen the homeopathic profession instead of having followed in the wake of the physic of centuries ago, and having embraced methods neither as scientific, successful, nor as satisfactory as a rightly applied and an honestly practiced homeopathy. The address was the best constructed some of us have ever heard from Dr. Fisher, was very snappy, and was especially well calculated to hold the large audience from start to finish, and to make a lasting impression upon the graduating class and the dentals who heard it.

Kansas City, the metropolis of the "Wild and Woolly West," quite aped Eastern methods on this occasion, and did herself proud. The faculty and students appeared in evening dress, a liberal musical programme was offered, and flowers in plenty adorned the occasion. "Hahnemann College of the University of Kansas City" is manned by a faculty composed of Drs. Jenny, Frank Elliott, Chas. Sinclair Elliott, Forster, Cramer, Runnels, H. F. Fisher, Crutcher, Menninger, Patterson, Gates, Van

Scoyoc, Mills, Merwin, Metzner, Coburn, Lind-

berg, Perdue, Watt, and Wise.

The graduating class was composed of Miss Lulu Boling Brooks and Messrs. Smythe, Maxson, Yamada, Kinley, Youngman, Wegmann, Mather, Gibson, Wallick, McCoy, and Brower. It was an excellent "Twentieth Century Class," which motto adorned the beautiful programme of the evening, the prettiest we have ever issued, in delicate green and gold.

All told, we are quite proud of the progress of Halmemann College. We have thirty freshmen this year, a bright lot of youngsters, twice as many as we have ever had before, and there seems to be a growing tendency throughout this section to settle toward our university college as worthy of support and consideration. good number of visiting physicians came this year to attend our commencement exercises.

The next medical event in Kansas City will be the meeting of the Missouri Institute on the 14th, 15th, and 16th of April, at which we are

expecting a good outside attendance.

Kansas Cityan.

March 27, 1901.

### MODERN PROFESSORING.

Under the caption of "Decay of Scientific Lecturing," The Literary Digest (quoting from the Electrical Review), makes out a severe case of decadence in lecturing generally. It says that the art of telling what one knows is about lost; that the teachers may be well filled with the necessary lore, but are lacking, many of them, in the great essential of telling it to others. We knew this manner of blight had descended upon the chairs in some of our medical schools, but did not suppose the same form of complaint could lie as against scientific paid schools. Doubtlessly the same causes are operative: namely, the reaching out after the fads of the moment, to the forgetting of the safe and sound doctrine which lies nearer at hand. The Honorable Peter Stirling; somewhere, speaks of the need of educating college graduates, so many many of whom seem to travel through life in the belief that the four years at college gave them all the knowledge it was needful ever to have, instead of understanding that knowledge and, in a greater and better sense, wisdom, are the growth of constant experience and study.

There are doctors in medicines who close their books as soon as they procure the sheepskin; and but rarely afterwards look at the notes so laboriously taken during school term. We knew of one professor of materia medica who used the same lecture on belladonna for a gener-

ation of students. We knew another who read the same lectures on obstetrics to his class each year; and, as these lectures had evidently been prepared for him, he invariably stumbled in the same places and mispronounced the same words. He annually "vacated" the bowels as a "durn yer resort;" while his assistant gave the "gumpectoral" position in the examination of women. Small wonder, then, that the classes "caught on" to the erudition of the "Professor" and affixed the proper price mark to his efforts. How many of us remember with pleasure the efforts of some one or two professors of our Alma Mater whose lectures have stuck to us and stood by us in the thick of battle? And why? Because those professors possessed the art of teaching. And the othersome many,—whose very names we have forgotten,—how we dreaded their long-winded periods and their scientific clatter! Looking back now, in the light of experience, how ridiculous or utterly absurd all they said to us has proved!

It is to be regretted that Professor James C. Wood of the Cleveland college, in his very cloquent Address before the Cleveland Alumni Banquet of U. of M.\* did not take the opportunity to tell us something more about "The College Professor" than that merely appertaining to the Professors of the University, without reference to the medical part. Dr. Wood could give an interesting talk on the latter part—better, perhaps, than any other professor in Ohio. He made one point which is very true-or perhaps it would be more just to say that the same idea ran through his whole address—namely, that many teachers teach, at an insignificant salary, class after class of men, the majority of whom will, in time, be able, with the teaching given them, to double or many times manifold the salary of the teaching professor; again, that these dear old professors get the Professor-habit and after a time become unfitted for anything but professoring.

This is true of editors as well. A man in the editorial chair, after a little while, becomes simply an editor, and, unless he is exceedingly alert, will lose his hold on the practical things of his profession, and become a mere theoretical guide. We know of a number of instances where such men are authors of little text-books, fathers of essays advocating maryelous cures of hitherto incurable disorders, and inventors of instruments and other professional devices for ameliorating or curing the infirmities of life. These novelties are evolved out of the logical and inner consciousness of these authors; but they lack the flavor of life, for they have so little of practice that it counts for naught. And, hence, their books and essays and inventions

\* Medical Century, March, 1901.

are of the unpractical order, and soon find their

level in uselessness and neglect.

In medicine, as in law, the best teacher is he who touches elbows with his patients or clients. The principles and theories of the professions are pretty things and well-established; and did humanity continue forever in the one groove, the theories and principles would be unchangeable. But humanity changes; and when the conditions change the law changes. We know it to be a fact that in Germany, where the Universities are under governmental control and the professors are appointed for life, the finest of fine-spun theories are manufactured and exploited. They come to our shores, are seized upon with avidity, put to the practical test, and very soon are cast aside because Not Available! The reason being that these professors are merely professors, book-read, but unpractical men. They have so little to do with life itself. Professor Wood was right, therefore, in his conclusions that a University Professorship was not the best life for a man who wished to mingle with the world and leave footprints in the sands of time.

The other cause mentioned by him in a jocular vein is very prosaic, but nevertheless a very large one, namely, that he had left the University Professorship because he was trying to raise a five-thousand-dollar family on a two thousand-dollar salary. This same plight was most eloquently described and depicted by the late Mr. Wilkins Micawber; and appeals to everyone not too greatly enraptured with the mere glory of a University Professorship. Still there are a number of clever teachers in our land who would be content to leave a fairly busy practice to accept a two-thousand-dollar Professorship in a University town, provided there was some promise of continuance in that chair. Professor Wood, however, did not mean that he supported his five-thousand-dollar-ayear family on the professorial salary. He did better than that sum in and about the University town, as every good physician and surgeon has There were, however, those in always done. the faculty with him at Ann Arbor who cared nothing for the hurly-burly of practice, who preferred the ease of the student and the grime of the midnight oil; who put out no strap-iron shingle; and who refused all work that was not "gilt-edged." They were simply teachers who taught-what they had found in the books. And the actual sorrows and affections of the multitude interested them not. Hence, their labors amounted to naught. The non-practical lessons they sought to teach in rounded period and dramatic pose were soon found to be worthless, and thereafter thrown away.

So we return to our starting point—the

"Decadence of Lecturing"—and repeat that there does seem to be a loss of the art in many of our medical schools. In one of these we have heard of one professor who "lectures" by giving out, as of to-day, thus and so many pages of a text-book at heand; and on the following day "quizzes" on those previously given-out pages. That is his conception of "lecturing"! It has the merit, certainly, of letting the class read up the same source from which he, and possibly others of the faculty, prepare their lectures. And it does away with the drudgery to the professor of copying out a couple of dozen sheets for the next "lecture." It gives a busy professor far more time, too, in which to look after his practice. But think of the enthusiasm for his subject which that professor inspires in his class! Think how much easier still he could make it for himself if he adopted the "Lessonsby-Mail" system, and did not come near the college building at all! One of the finest trbiutes we ever heard to the teaching-worth of a particular friend of ours, who, in the former time, lectured to the medical classes, was that "he was the —— crank in the whole shooting match; but he made things so plain to us that they stuck, and we can't shake them off even now, years after our graduation.'

Let us have some real teaching in the medical college. We have raised the standard of the matriculant. Let us, also, raise the standard of the Professor. As Dr. Wood has said, "the successful college professor is not the product of a day or a year. His growth is slow and laborious"; and so, when we fill the first two years of the college Professorships, let us bear in mind, that as the twig is inclined so the tree is bent. If we put incompetent, theoretical, gosling men in charge of the first two years of the modern medical college-tuition (because so little of subsequent practical value is taught therein), we are crooking our future doctor, and giving his mind a bias which years of after-study

may never again wholly eradicate.

### AMERICAN INSTITUTE, JUNE 15--22.

Richfield Springs, which has been chosen for the Annual Convention of American Institute of Homeopathy and Subsidiary Societies, is one of the most popular resorts in the East, combining as it does the charm of lake, mountain, and spa. It is situated on Lake Canandarago, 750 feet above sea level.

The Executive Committee announce that arrangements have been made whereby all members coming from the Western country via Buffalo can stop over at the Pan-American Ex-

position for ten days on any kind or character of ticket, providing said ticket is deposited with joint agent, No. 50 Exchange Street, Buffalo, and the payment of \$1 made.

For those who come from New York the Lackawanna Railroad will issue round-trip



HOTEL GROUNDS, RICHFIELD SPRINGS.

tickets at a rate of a fare and one-third from New York. This will be \$7.55 for the round trip, with proportionate rates from other points. To those wishing to visit the Pan-American a special extension of the return limit will be made, up to and including July 3. The privilege may be obtained by paying fifty cents extra. Delegates may thus purchase excursion tickets to Buffalo and return, resuming their journey home on their members' tickets. The Lackawanna Railroad is the only road whose rails reach Richfield Springs, and its summer service to that resort is unexcelled. Wide vestibuled trains carrying through parlor and sleeping cars, dining cars, and observation Pullmans make the trip from New York in about eight hours. A particularly attractive feature is the dining-car service, which is operated on the à la carte system, patrons paying only for what they order. Individual club meals are served, varying in price from 35 cents to \$1.

For further information inquire of any Lack-awanna ticket agent or write T. W. Lee, Gen-

eral Passenger Agent, New York.

The Entertainment Committee and the citizens of Richfield Springs offer an unusually fine social programme, which has been so arranged as not to interfere with the work of the Institute, and includes open-air concerts by the Richfield Springs Military Band. On Tuesday evening, a grand ball at the Earlington Hotel, tendered to the Institute and its guests by Messrs. E. M. Earle & Son. On Wednesday and Friday drives over magnificent roads to Lake Otsego, the famous "Glimmerglass" of Fenimore Cooper, sail over the lake to Cooperstown, his home; luncheon in Cooperstown, drive back to Richfield along the shores of Lake Otsego. On Wednesday evening a Progressive Euchre tendered by Messrs. Earle & Son in the Earling-

ton parlors, and on Friday a Grand Complimentary Vaudeville Entertainment tendered to the Institute and their guests by the Entertainment Committee.

The citizens of Richfield Springs announce it as their purpose to make every member of the Institute pleased with his visit. They do this in part to make better known this resort, and the committee feel assured that the session of 1901 will be the most pleasant one in the history of the Institute.

A. B. Norton, M. D., President.

### Book Reviews.

A Systematic, Alphabetic Repertory of Homeopathic Remedies. By Dr. C Von Boenninghausen, Imperial Prussian Counselor, General Land Commissioner, Director of the Botanical Gardens, and Active or Corresponding Member of Numerous Societies. Part First, embracing the Antipsoric, Antisyphilitic, and Antisycotic Remedies. Translated from the second German edition by C. M. Boger, M. D., Member of the I. H. A. Philadelphia: Boericke & Tafel. 1900.

A very handsomely arranged, printed, and bound volume. But of its utility in this modern homeopathic (?) age what shall be said? Is there to-day a professor of homeopathic materia medica who dares read to his class Hahnemann's "Introduction on the Repetion of the Homeopathic Remedy" found in this book? We question it very greatly. There are but few homeopaths to-day who could, at a pinch, or with more time still, sit down and give the antipsoric remedies as separated and set apart by the immortal Hahnemann. Was it not upon this triunethe three antis-that the homeopathic school became dismembered and has continued so to this day? Dr. Boger has given much care and time and expense to the preparation of a work which may pay in the end for its translation and putting into type for an American profession, but we feel that it is too late to do us much good. The modern output of the homeopathic colleges no longer seeks to study back into the philosophy of Homeopathy and thus touch spirit again with Hahnemann and his immediate co-workers; for his main effort is to touch, taste, and handle everything that crosses his practical horizon. He must measure the feelings and symptoms of his patients with laboratorical aids; with microscope, with psychiatrical tests, and the like; and unless he can so do, he will have naught to do with it.

We stood a few days since in a homeopathic pharmacy within the shadow of a prominent homeopathic college, waiting to be waited on, when three homeopathic doctors stepped to the counter and ordered homeopathic preparations. The one ordered several hundred anti-constipation pills in boxes; the second wanted a good tablet-preparation for the fortieth of strychnia and some other equally homeopathic remedy; the third asked for a thousand tablets of combined remedies, including homeopathic nomenclature, and also of the allopaths! Two of these homeopathic doctors are practicing under a homeopathic diploma from this overshadowing college and are not over two years old in the work; the other was a graduate of the old school, but took a homeopathic course somewhere in one of the homeopathic factories of the laboratorical and microscopical East and is now a full-fledged homeopath! Heaven save Homeopathy! Look about you, you remnant members of the single remedy, high or low; you believers in a divine law of cure; you scouters of a pathological origin for drug-prescribing, and say truly how the number of real homeopaths is becoming exceeding scarce and far between? Nav. an it were only the modern graduates who did this unseemly and dishonest thing, it might be matter of correction; but the Professors themselves are most guilty, and have by precept and example set the vogue for this pernicious custom. Oh, yes! the homeopathic materia medica man is not disturbed if he, in his pitiful hour or two a week, thunders mildly about the single remedy and the law of similia; but his work is negatived purposely and thoroughly in every other chair that precedes or follows him. It will not save us to point to the materia-medica chair and exclaim: "Behold he teaches the purest kind of Homeopathy: none better anywhere," and then, in the other chairs, totally ignore his feeble teaching. With this output from our commercial medical schools, what is the prospect of a great sale for this really valuable book to-day? It deserves a place in every homeopathic office, not merely as a pretty book on a dusty shelf but as a working arm in a fast-depreciating department of medicine. If Dr. Boger could discover some manner by which the homeopathic teacher of to-day could infuse enthusiasm into his classes and thus overcome the deadening tendencies of the materialism of the age, he might be crowned a benefactor second only to the master of our school. But, alas! it is not to be. His work will find a limited demand; and he will never again find courage enough to give of his ease and rest-moments for the preparation of the remainder of this work. Of the book itself there is nothing to say but praise. It is a repertory of the same order with those already on our shelf. It is not a new idea. It is not intended

as any innovation on what has been before the profession from Hahmemann's time. It was, as we take it, an effort on Dr. Boger's part to preserve a valuable classic, and, hence, he gave it as a work of love to his brethren. We welcome the pretty book, and hope it may have a good place in many a homeopath's office and be the means of turning some of our hell-bent pseudo-homeopaths back from the pit of utter medical skepticism, into the true path whence they have straved after strange gods.

-The following reprints are upon our table, the originals having already been noticed in the journals and doubtlessly read and appreciated:

"Brain Surgery," by Dr. H. F. Biggar. This was a paper presented to and read by the International Homeopathic Congress in Paris this last past summer, and reprinted in the North American Journal of Homeopathy. Like in its original form, the reprint prints the illustrations in two colors, and thus renders more graphic the detail of the work.

"Mercurius Corrosivus Poisoning." Report of a case with Analysis, by W. B. Hinsdale, M. D., Ann Arbor. Reprinted from the December issue of the Medical Century. This was an interesting case and makes a good addition to our

provings of this metal.

"Dermoid Cyst—Calcified Corpus Luteum," by Hamilton F. Bigger, Jr., M. D. A reprint from the Cleveland Journal of Medicine for February. An interesting case, well told, and with the exceeding additional merit of being brief and to the point. The operation was a remarkable one.

"Treatment of Acute Urethritis," by Bukk G. Carleton, M. D. Reprint from North American Journal of Homeopathy. This, like good wine, needs no bush. Everything from Carle-

ton's pen is good.

"The Re-proving of the Homeopathic Materia Medica from the Standpoint of a Specialist," being the Presidential Address of Dr. Howard P. Bellows before the American Homeopathic O., O. & L. Society. The title gives a good inkling of its contents. Dr. Bellows is known for his honest homeopathy.

## Globules.

-Dr. Hardwicks (in The Lancet) says quinine, topically applied to the mucous surfaces of the cervix uteri and vagina, was suggested by the good effects accidentally manifested by this drug when used in the form of pessaries. It will cure leucorrhea, sometimes, and of long duration.

—Dr. Nicholas Senn has given fifty thousand dollars to Rush Medical College. The building to which this money will be chiefly applied is to be used for clerical purposes and will be named Senn Hall. Do we hear any second from any prominent homeopathic surgeon and gynecologist, in the way of a large largess to his college?

—"More Army Surgeons Wanted" prints the Medical Record. This is a mistake. It should read, "More Allopathic Surgeons Wanted." For, of course, the homeopaths don't know a knile from a pruning-hook. The homeopathic surgeons do everything with a dose of infinitesimals—just as the homeopathic doctrine consists in treating every chronic disease as the result of the itch!

-We are in receipt of a leaflet from the Galen Hall Sanatorium, Atlantic City, N. J., with Drs. John R. Fleming and Alfred W. Bailey as attending physicians. Certainly a more lovely spot could not be selected for sanatorium purposes than Atlantic City; at least so it seems to an inland man and physician. Most of our sanatoriums are located on the top of high hills, or in valleys surrounded with flowers and manyhued foliage. But here is one which combines those elements for which we, as a profession, send so many of our patients to the seashore, or even abroad. We wish this Galen Hall Sanatorium well, and predict that under the care of our good friend, Dr. A. W. Bailey, and his associates, some credible results will be shown, and in due time.

—Dr. A. H. Blesh of Guthrie, O. T., in discussing Post-Partum Hemorrhage in the Medical Council, says, "When confronted by a case of post-partum hemorrhage, the hand is immediately inserted within the uterine cavity and the organ is at once emptied of secundines and clots, and, without removing the hand, carbolized gauze is carried to it with a uterine dressing forceps, and the cavity firmly packed. This packing may, if desired, be carried down and through the vagina. This, however, I have never found to be necessary. A strip of the continuous piece in the uterus is left protruding from the vagina, to facilitate removal. Properly done, this is cleanly and surgical. I have never known it to fail of exciting uterine retraction, and the hemorrhage ceases immediately. In my practice I have never had to repack after removal.'

—The reason why we did not include the Pacific Coast Journal of Homeopathy in our Dreibund was because we did not know that that journal was still in existence. We had received no copy of its issues since the beginning of this century. But we are glad to

amend our Dreibund, and make it a Vierbund taking in this sterling homeopathic journal of the Western coast and presided over by that typical homeopath, Dr. Hugo Arndt. And we may be permitted to add, since we have got our wedge in, that the change of location from San Diego to San Francisco seems to have improved not only the editor's color of penmanship, but also the toot-and-scramble (tout-ensemble) of his journal. There are some distinct improvements. And, say, brethren of the "glorious climate of California," when do you want the American Institute of Homeopathy to visit you? Not next year, for then we want to go to St. Louis. See?

—In the matter of travel across the ocean, those who contemplate such journey will not go amiss to put themselves in correspondence with the proper officials of the Dominion Line. The principal port of sailing is at Montreal; but they also have two American ports, namely Boston and Portland. We have twice patronized this line, and each time have been pleased with its easy-riding vessels and its clever handling of patrons.

—The Century Magazine finishes "Her Mountain Lover," and does so in a very happy and satisfactory manner. Bertha Runkle is still spinning out her "Helmet of Navarre," with its splendid pictures; it is to be concluded next issue. Reminds us to say that the Rhine pictures are most natural. We had the pleasure to tramp across the boatbridge at Cologne, which, with an evening view of that city and its Dom, forms one of the pictures of the current issue. Elliott has another policeman story which reads well.

—The Atchison, Topeka, and Santa Fé lines need but little mention on our part to bring them prominently before our readers. The system has been in existence so many years, and has become so well known and so popular, that we have little to add. Think of this line, if you want to reach any point south of Kansas City and west towards California. A very fine and comfortable trip can be made to Southern California over this progressive line. Bear this company in mind, also you Far-Westerners, when you propose to enter upon your American Institute pilgrimage this coming summer.

### The American Homeopathist.

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## The American Homeopathist.

MAY 15, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



George G. Shelton, M. D., New York,

IN his address to the graduating nurses at Cleveland, Rev. Dr. Wood had some sensible things to say about ministers visiting the sick.

HE believed that with a few rare exceptions the minister had no business in the sick room; that it was not only impolitic, but really dangerous, for the man of cloth to intrude with his coffin face, his chapter of the Bible, and a long melancholy prayer. The Rev. Dr. Wood is noted for his original sayings in and out of his pulpit, and in this his latest he must be awarded the palm for good common sense.

THE physician does not live, who has been in practice for a half dozen years, who has not

felt the bad influence upon his patients by the frequent visits of the pastor. That there are old chronics, or those tottering in old age on the grave with no special ailment infesting their physical bodies, who are benefited by such visits, goes without much saying. But in the majority of cases of acute troubles, and in the operated upon, where the patient has been rendered aseptic and everything about him is done on the hair-trigger plan, the introduction of a man, who has been visiting, most likely, a dozen or more of other homes of all sorts and conditions of people, into such carefully prepared sick room is a standing menace to the recovery of that patient.

If the theory of bacteriology be correct, then the frequent and continued absences of the visiting pastor are to be prayed for most heartily.

W E note the fact that this year the Methodist Episcopal Church is coming in for its share of the medical graduating exercises. The Cleveland class had the sheltering arms of the Epworth Memorial Methodist Church thrown about it, and the Denver class attended the Trinity Methodist Episcopal Church. But that old stand-by the Chicago Homeopathic Medical Collegetook its class away from the perfunctory sanctity of the church building to Studebaker Hall, where its forty-nine graduates were made into fullfledged doctors with the aid of several medical men and one minister, and without flowers. The Cleveland class had one lone member with but two names, while the Chicago Homeopathic had three. All the rest, residue and remainder, had each three names. The female graduates in these two colleges are quite infrequent. What does this mean?

## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West
12th Street, New York.

References in this department are made by number. (See issues of January 1st or December 15th each year.)

### Chelidonium in Whooping Cough.

Dr. Jean Dewee, in the Belgian Journal of Hom., says:

A boy of four years had been suffering for seven months from whooping cough; the little patient had a cachectic appearance, a yellowishgray complexion, and was emaciated to a mere skeleton. Besides the whooping cough the child had a general bronchial catarrh, and the bronchotracheal glands were enormously swollen. At every attack of the cough there followed voniting of bile and food; besides this, the liver was swollen and there was an obstinate constipation. Chelidonium was plainly indicated, and the patient received it in the sixth dilution. In five days the irritation causing the cough was removed so entirely that the parents were frightened and did not dare to continue the medicine. At the conclusion of the second week the child was fully recovered.

Since then the child had every winter, especially on wet days, some attacks of congestion of the glands of the chest, accompanied with rattling and a cough resembling whooping cough, but a few doses of chelidonium always sufficed to remove the slight attack.

Chelidonium was well indicated in the case; for it has "a spasmodic cough which wakes up the child by night, the affection extending to the bronchia and attended with constriction of the chest." A second indication was the congestion of the liver; although this is not one of the usual symptoms of whooping cough, it not infrequently attends long-continued cases of the disease, as the lungs in part become emphysematous and considerably impair the circulation. The physiological consequence of the congestion of the liver appeared in this case in the constipation and in the yellowish, icteric complexion of the patient.

### Blinding Headache.

Dr. M. E. Douglas \*: Blindness, accompanying or as a precursor of headache, is found under several drugs. Gelsemium has it quite marked. Kali bich, has the peculiar symptom of blindness preceding headache, but, as the headache grows worse, the blindness disappears. Causticum has blindness, with headache differing from kali bi, in that the blindness does not diminish as the

headache increases. The blindness of silicea comes on after the headaches. There are some others, natrum mur., iris versicolor, and psorinum having blinding headaches. These six drugs will be most often indicated in blinding headaches.

### Gels., Hepar Sulph., and Bryonia in Influenza.25

Gelsenium.—Catarrh of all mucous membranes with much watery discharge, especially from eyes and nose; "colds" from damp weather or from sudden changes; much chilliness and heavy feeling of head; pulse large, full, quick, but not hard.

Hepar Sulphur.—In advanced stages: throat dry and painful, with sensation of a "splinter," sometimes a sensation as though a particle of food had gone into the larvnx.

Bryonia.—Contusive pains in the back and limbs and lameness in the walls of thorax; otitis media with accumulation of fluid in the tympanic cavity.

### Ceanothus in Splenic Affections.

Dr. Fahnestock 10 relates his experience with ceanothus in a case of enlarged spleen. The organ was much enlarged and tender to pressure; patient unable to lie on left side; was thin, poor appetite, pale, and very weak. The patient, a woman, had been under the action of several other remedies without any apparent benefit. After a few months' course of ceanothus she was cured. Dr. Fahnestock has recently made a proving of this remedy with three different provers and its primary action was upon the spleen, then the liver, and third the bowels. The spleen symptoms were: sticking pains in the spleen, aggravated by motion and inability to lie upon the affected side. These symptoms followed enlargement of the organ. It seemed to have the same effect upon the liver, producing enlargement of the organ with sticking pain, and compelling him to lie upon the back. This remedy should prove of great value in anæmic conditions which occur in malarial districts.

—The Medical Counselor is pleased to consider Dr. T. F. Allen's two cases of cures after surgery had done its best as freak cases, and not likely to be met with again. That's what our Brethren of the Knife usually say, and have said from the beginning of homeopathy: there is nothing in homeopathy but faith and little pills. When any cure is reported it belongs to the domain of the Dime Museum. For there is but one way in which to cure, and that is by the knife.

### POLYORROMENITIS.

By D. MACNISH, M. A., M. B., Assistant Physician to the London Homeopathic Hospital.

Polyorromenitis, or polyserositis, signifies inflammation of several serous cavities. The serous cavities principally affected are: (1) Peritoneum; (2) pleura; (3) pericardium.

This disease is not rare. The name is new. Such diseases are usually classified under the terms influenza, septicamia and pyaemia, tuberculosis and rheumatism. The causes of these diseases vary. Pneumococcus, streptococcus, or staphylococcus are different causes.

Polyorromenitis may be acute, subacute, or chronic. The disease is well known to every practitioner. The name is strange and new. It may be the means of drawing special attention

to the disease.

oppos or opos signifies the watery parts of the blood or serum. Hence the term polyorromenitis. This disease usually appears first in the peritoneum, next in the pleura, and sometimes in the pericardium. When the pericardium is attacked, the prognosis is unfavorable.

Secondarily, we find it attacks the cerebral meninges, the lung, stomach, and liver, and other parts of the body. The following case may give a more complete idea of the nature of

the disease.

A. B., female, aged thirty-four, married, was first seen on November 9, 1899. She had been ill for sixteen years. She complained of feeling weak and giddy, of a fluttering at the heart, and having on several occasions fallen down. Her medical history consisted of the following diseases: Gastric fever, aged eight years; chorea, aged twelve years; acute rhematism, aged eighteen years—from this attack of rheumatism she had never fully recovered. She had three children. She had seven miscarriages, the latest being three years ago. She menstruated every alternate week, as a rule, though now the menses were irregular. The menses lasted seven days, were very profuse, attended with almost no pain. Patient was exceedingly nervous, always apprehensive of something fearful happening. There were slight choreic twitchings in the hands and legs. Her appetite was poor. She had severe attacks of pyrosis, flatulence, and sharp pains on the right side over the liver. The bowels were open daily. She suffered continually from headaches. She said she never knew what it was to be free from some kind of pain in the head. She suffered also from insomnia, and fits of depression almost amounting to melancholia. Her mental condition was, at times, a source of

anxiety to her relations. Patient was always in a state of extreme nervous tension. She lived in constant dread of some fearful calamity happening to herself or to her family. Her face was always flushed, and often the whole body became flushed, followed by profuse perspiration. Night sweats were common. Shiverings and coldness of the body alternated with the flushes. She was peculiarly susceptible to barometric changes. Damp and cold affected her intensely. She was, as she herself expressed it, constantly out of breath. The slightest exertion brought on an attack of breathlessness. For some years she had been under allopathic treatment. Latterly she had given up all medical treatment, as she felt she was much better without it. On examination the chest was thin; violent pulsation noticed in the epigastric and left hypochondriac regions; the heart was dilated—the left border being half an inch outside of the nipple line. A loud systolic bruit was heard all over the chest, especially at apex. The action of the heart was intermittent. Lungs-vesicular sounds all over. At right apex, on percussion, the note was dull and the breath sounds harsh. There were no crepitations nor adventitious sounds heard over the chest. The liver was not increased in size. The stomach was normal. The patient was slightly anæmic. On examination of abdomen nothing abnormal was detected. The transverse colon was slightly dilated. The uterus was large—a condition of subinvolution. There were large external piles which, at times, bled profusely. Nothing abnormal in regard to the ovaries, etc., was detected. There was no evidence of ascites nor ædema of feet.

Bryonia 3x, mj, 4 hrs. a. c. was prescribed. On November 17 patient reported that the giddiness had been much less and the abdomen less distended after food. Patient continued with the medicine until December 2, and reported herself much better in every way; the giddiness and flatulence had entirely disappeared. The other symptoms remained much similar, but as she considered them a part of her usual health she was told to discontinue the medicine for a month, unless there were any re-

turn of the vertigo or flatulence.

January 16, 1900, I was called late in the evening to see the patient. The temperature was 103°, pulse 110, respiration 48. Patient was in a condition of orthopnæa. There were sharp pains over abdomen and heart, slight nausea, severe frontal headache, profuse night sweats, slight cough with clear phlegm. Bryonia 3x, 2 hrs., was ordered. Lin. bryoniæ was warmed and gently rubbed over the chest and abdomen. Hot india-rubber bottle applied to back—lower dorsal and lumbar regions. On January 17 patient said she felt much better, the pains were

almost gone. The bowels were freely open, no nausea nor vomiting. Temperature 101°. Pulse 90. Respiration 30. There was a few papules

over the chest. Rep. bryonia.

January 18.—A bright erythematous rash all over body; abdomen distended and tympanitic. Temperature 99.4°. Pulse 84. Respiration 26. There were pains all over abdomen, sharp and continuous during the day. The menses again appeared, after three days' interval from the previous period. The flow was bright red and profuse, no definite pain accompanied it. Patient was sleepless, very depressed and apprehensive, the slightest cough or movement gave her intense pain in abdomen. The heart and

lungs were as usual.

Liniment of equal parts of ext. belladonnæ and glycerin was applied over abdomen. Belladonna 3x, mercurius corr. 3x, were given in alternation every hour. Diet consisted chiefly of milk, beef tea, soups, malted milk, light puddings, fish, cocoa, tea with milk, cream, skimmed milk, scrambled egg. The condition was diagnosed as peritonitis, the cause was probably septic. Several members of the household had been suffering from influenza. On account of the menstrual flow no vaginal examination was made. The discharges appeared natural, free from any odor. There was no history of direct infection. The primary cause was considered influenzal. The temperature varied from 99° to 102° until January 28, when it became normal, night and morning. The distention subsided, the menses ceased after five days, the digestion was fairly good, the headaches were much less severe, the bowels were open once daily, the urine was still full of urates, the chest symptoms remained much as usual, the nausea disappeared entirely. Patient, however, felt very weak and still suffered from profuse sweats,

January 29.—Patient felt much as usual; the abdomen was not tender on palpation, the distention was very slight. On examination of chest there was an area of dullness posteriorly, at left base of the lung, extending up to middle of scapula. Anteriorly the dullness extended up to the sixth costal cartilage. Breath sounds in-audible over this area. Vocal fremitus and vocal resonance very much diminished, almost Right-lung breath sounds louder than usual, no dullness except the slight dullness at apex, anteriorly, previously detected. Breath sounds were loud over upper part of left lung, no marked alteration over the dull region of the lung. Very slight cough and phlegm, clear and watery, as there had been all through the illness. The temperature was 99°, pulse 80, respiration 40. Bryonia 1x, mj, 2 hrs. Lin. bryonia externally. Gamgee jacket applied to chest. The belladonna liniment over abdomen was discontinued. Stimulants: brandy 3 j, every two hours. Patient felt "very weak and

very queer."

January 30.—Temperature 100°. Respiration 40. Pulse 84. Very little cough, no pain in abdomen, an attack of dyspnœa during the early morning at 3 a. m. Nausea this morning at all times, not aggravated by food or stimulant. Bowels open, fæces natural. Perspiration dur-

ing the day as well as at night.

January 31.—Temperature 100°. Pulse 90. Respiration 40. Discomfort over left side of chest and heart, several attacks of dyspnœa. Nausea with retching during the day. Cold feelings alternating with hot. Appetite fair. Food every two hours; brandy 5 j, every two hours. Slight dullness at base of right lung, phlegm streaked with blood. Temperature rose in evening to 102°; this rise was preceded by a rigor. Pulse 104. Respiration 50—but variable. Phosphorus 6x, 2 hrs. Lin. Phosphori n. et m.

February I.—Vertigo returned. Temperature 100°. Pulse 90. Respiration 44. Dullness diminishing on left side, breath sounds faintly heard over the dull area, bowels open, abdomen not distended and free from pain on palpation. In the evening temperature 101°. Pulse 92. Respiration 46. No nausea nor retching. Phlegm streaked with blood, cough slight.

February 2.—Temperature 98.4°. Pulse 80. Respiration 40. Patient felt much better, no vertigo, no nausea. Takes her food and stimulant well. Champagne 3 ij, every four hours. Brandy discontinued. Right lung posteriorly, dullness extends up to spine of scapula. Breathing: expiration prolonged, crepitations at end of inspiration. Phlegm comes up freely, no streaks of blood noticed. Occasional pain over right Left effusion gradually diminishing. Phosphorus 6x, 4 hrs. Lin. phosphori warmed and applied over right lung. Bowels open, no abdominal discomfort. The temperature remained normal until the 12th. Patient felt much better. The effusion on the left side largely diminished, the breath sounds heard all over lung, and no diminution at the base. Right lung: the pneumonia cleared up from the base. Dullness and bronchial breathing with crepitations heard only at upper third, anteriorly and posteriorly. Phlegm yellow, no streaks of blood.

February 13.—Sharp pains over heart, cardiac dullness increased fully one inch outside nipple line. Heart sounds muffled. Orthopnæa. Temperature 101°. Pulse 110. Respiration 50. Nausea and vomiting of food. Bowels open, fæces natural. Pains over body, shivering alternating with heat. Headache frontal and occipital, very severe. Patient drowsy, choreic twitchings marked. Enemata of peptonized milk,

volk of one egg, brandy 3 j, given every four hours. Iced champagne 3 ij, every two hours. An attack of hematemesis this afternoon, amount of blood about 3 iv. Motion stained black during the night. Pulse irregular and intermittent. Brandy hot compress applied over Right lung, no crepitation heard. Breathing bronchial at apex anteriorly and posteriorly, i. e., expiration = inspiration; no interval between the two, the sounds are continuous. A few streaks of blood in the phlegm. headache the most prominent symptom. says she cannot see things. Feels strange and unnatural. Shiverings frequent and alternating with waves of heat. Ipecac. 3x, mj, half hr. Then bryonia 1x for four hours. Every two hours lin. bryonia applied over heart in alternation with hot brandy and bryonia compresses. Inhalations of Friar's balsam given at intervals. Enemata of brandy and peptonized milk gruel given. Champagne by mouth. Hot compresses applied to nape of neck and forehead. One dose of glonoin I given for headache. The nausea and retching disappeared after the use of ipecac. Temperature in evening 100°. Pulse 90. Respiration 40. Patient felt much better, but unable to lie down. Extremities inclined to be cold. Slight blue discoloration of face.

February 14.—Patient had a better night. Orthopnœa marked. Temperature 99°. Pulse 84. Respiration 42. Digestion fair, coughs seldom, very little phlegm, no return of hematemesis, no pain in chest, pain in back, especially lumbar region, headache slight, sleeplessness marked. Left lung, etc., almost well. Right lung, an occasional crepitation at apex, otherwise well. Heart dullness extends half an inch outside nipple line. Heart irregular and intermittent. Strophanthus  $\varphi$  mj, 2 hrs. given. Crotalus 12, night and morning. Patient felt better from the medicine.

February 15.—Choreic twitchings marked, occasional picking at bedclothes—a most grave sign. Cough slight. Right side of chest—on percussion dullness from base to middle of scapula; over this area breath sounds inaudible. Temperature 99°. Pulse 104. Respiration 50. Pain in stomach and abdomen. Slight diarrhea with tenesmus. Head feels queer: loses her sight every now and again, she says. Tinnitus aurium marked. Very deaf. Nausea and retching frequent. Abdomen slightly distended. At 2 p. m. unable to feel radial pulse. Cardiac sounds weak. Had had several attacks of unconsciousness. Coughs rarely. Heart dullness as on previous day. Strophanthus  $\varphi$  and cactus Ix were given at different times. Injection of strychnine given. Nutrient enemata given every two hours. Champagne 3 ij, every half hour. Brandy compresses over heart. Inhalation of oxygen at intervals. Temperature 98°. Heart movements weak, ninety to the minute. No pulse at wrists. Extremities cold. Rubbed hands and feet with hot spirit. Hot bottles applied to the body. Brandy 3 j in all foods. Patient revived and spoke to all her relatives. There was an attack of hemoptysis at 3 p. m. Patient felt better after it. The amount was about 3 iij. The nausea disappeared. The head felt much clearer, and she could hear much better. On auscultation the heart sounds were clearer. The air was entering left lung freely. Right lung, dullness slightly less. The breath sounds could be heard at the base. At 4.20 p. m. patient suddenly expired-evidently due to cardiac failure.

This case has been described at length. There are many points of interest: The peritonitis, the left pleural effusion; the pericarditis, the right pneumonia followed by pleural effusion, the hematemesis, the meningitis, the hemoptysis, and, last of all, the cardiac failure are the prominent features of the illness. This patient before the illness suffered from rheumatism and chorea, disease of the mitral valve and dilatation of the heart, evidently due to pericarditis, gastric fever which had probably injured the gastric mucous membrane. The cause of the fatal illness was evidently, to use a popular term, some poison in the system. One naturally thinks of influenza, tuberculosis, septicæmia, and pyæmia, rheumatism, and ulcerative endocarditis. The prominent feature was the inflammation of several serous membranes. It began, as usually cases of polyorromenitis begin, with the peritoneum, then the pleuræ, and afterwards the pericardium. The secondary symptoms were the meningitis, the gastritis subacute with hematemesis, the pneumonia with hemoptysis. The erythematous eruption, the subinvolution of the uterus, and the menorrhagia are also of interest. The patient was a variable one, her symptoms during life were alternating. She symptoms during life were alternating. She had depression alternating with violent excitement. She alternated from bulimia to anorexia. She had, as a rule, hyperacidity, but sometimes hypoacidity. She had attacks of sleeplessness and attacks of drowsiness. The amount of urine was most variable. She would have acute dysuria one day, and next day no discomfort whatever. Purpuric eruptions were frequent. Her reflexes were always much exaggerated. She was either too hot or too cold. The pendulum of her life was never at equilibrium, it swung from one extreme to the other.

The important question is the cause of this polyorromenitis. Rheumatism is a very probable cause. Tuberculosis is doubtful. Her initial disease always kept her lungs engorged with

blood, and inhibited tubercle of the lungs. It is rare to find tubercle in a rheumatic patient. Ulcerative endocarditis may be ruled out of court. Influenza is another probable cause. There was influenza in the house. Rheumatic patients are prone to attacks. Pericarditis is a very common form. Septicæmia and pyæmia would easily account for the crythematous cruption, the peritonitis, the pleural effusion, the pericarditis, the pneumonia, and probably the hematemesis.

This patient's life had been a burden to her for several years. She had been practically confined to her room for over a year. As she herself expressed it, if it was not one thing, it was another. She was always ailing—never well. The poison had a most favorable nidus to develop, organ after organ was attacked; the weakest one—the heart—succumbed. I hope that the publication of this case may be the means of drawing the attention of your readers to this type of disease which has been honored with such a marvelous name. The disease itself is a formidable one to tackle, the name is more so.

### ANOTHER POTENT DREIBUND.

Three of New York State's most eminent homeopathic practitioners formed an allianceoffensive, to secure a larger and better bit of the State's appropriation from the Lunaev Commission for the homeopathic school; this latter generous body-the Lunacy Commission-had agreed to allow the Gowanda State Homeopathic Hospital \$4000, reserving to itself, for the use of the old-school, the rest and remainder of the \$750,000. However, the three men hereinbefore referred to, namely, Drs. E. H. Porter, Asa S. Couch, and J. M. Lee, journeyed from their homes to the place of war, staved there, and, with the aid of proper arguments and influence, succeeded in convincing the Lunacy Commission that \$120,000 was nearer the mark than the former largess of \$4000, for the Gowanda State Homeopathic Hospital. And so it proved. All hail, brethren, and thanks. A deed of this nature in far outweighs the most intense Resolution-maker's most incisive resolutions. And Dr. Porter has been most deservedly made president of this hospital.

### THE BEAUTIES OF CONSISTENCY,

Some years ago—not so many that the matter needs much refreshing or refurbishing—we had the exceeding great misfortune of falling under the displeasure of certain people in the American

Institute of Homeopathy for that we had written and printed and published several strictures on the conduct of certain committees in that Institute; and, later, capped the climax by giving print-room to an anonymous letter severely arraigning the Buffalo people in the Wright-Bailey presidential campaign. (Singular that it should be Buffalo again to make all the Institutal trouble!) As the result of those publications in our journal of homeopathy and civilization, a brother of the blood succeeded in getting our Institute shoes, and we have since that time depended wholly for sustenance and grub upon our daily medical practice. Now behold the sudden reversal of affairs! Note the consistency of Inconsistency! Our writings at the time referred to were construed into the blackest and blankest of treason, because, being a member of the Institute, interested in its welfare, and a tax-eater besides, we should not have printed aught in derogation of the body which was feeding our dyspeptic stomach and adnexa. And we acquiesced, somewhat unwillingly, to be sure, to the relinquishment of our share in the loaves-andfishes, and permitted a brother of the guild and a personal friend to step in, in punishment to us for our dabbling in treasonable utterances. Now, witness the result! That successor to us and our shoes and loaves-and-fishes has followed our fullest and freest footsteps and has himself uttered the rankest of treasonable utterances! And it is become the proper thing for some reputable homeopathic journals and several of the me-too "journals" to print derogatory statements of the chiefest authorities of that Institute! Whether these allegations are right or wrong does not enter into the purposes of this editorial. The point we make is, whether it is, indeed, proper to print such charges at all, thus, in effect, throwing blistering hot water into the air and stand under when it comes down. Are we improving the standing of our beloved Institute as a body for good Homeopathy; are we likely to coax out of his selfish retirement that indifferent doctor who does not belong to the Institute nor to any other body, to join with us to the tune of seven-dollars' worth, after reading these printed charges? How many years will it take to undo the injury inflicted upon our Institute by the publication of those charges against the Executive Committee? For truly the intending applicant may properly reason that if the Executive Committee of the American Institute which is composed of its highest and most honored representatives—if this body is to be charged with malfeasances of a nature to shame a ward boss, then it were a pity to invest seven dollars in any such organization. What honest purpose could be gained by the publication of the Buffalo protest? If a second vote had been

ordered, or other means adopted looking to the correction of the evils complained of, then some measure of excuse might lie for the issuance of that Deadly Parallel. But that seems not to have been the purpose. The Institute, rightly or wrongly—that also does not enter into this consideration—voted individually—569—not to go to one place, but to go elsewhere. If the Executive Committee sat up several nights hand-running and eventually devised a trap, and the Institute—569—fell into that trap, was it just the thing to publish the protest of the minority when nothing could be thereby gained except the manifest injury of the Institute? Are we become so weak, as the oldest medical organization in the world, that we cannot take care of our familynapkins, and at the proper time, without calling in all our neighbors and their nearest relations for assistance?

So that, after all, our articles written and published some years ago in the American Home-opathist, criticising the Institute committees were right and proper; but our chiefest sin was in being ahead of the time some three years and a few calendar months. This year it is the other man's ox who is being gored. Sir?

### A HOPEUL SIGN FOR HOMEOPATHY.

We have most recently had occasion to speak in terms of praise of the Hahnemann Medical College and Hospital of Chicago, because of its novel and attractive feature in the way of making its college terms flexible. This alone would not commend the school as a teaching institution, but from other sources, and reliable ones, too, we learn that the homeopathic parts of the college have been added to and strengthened; so that this excellent school is deservedly training in the front rank among homeopaths.

Another really homeopathic school—with no desire to condemn other homeopathic schools in Chicago—is the Hering, presided over by Dr. H. C. Allen. It is most unfortunate that so many things combined shortly after its inauguration to put the bar sinister across its escutcheon. Some of these left-handed comments were doubtlessly deserved; others were unjust. But let that past remain past. The present condition of this school is fine and entitled to the confidence of all lovers of good homeopathy. Let it be no longer said against this school that it teaches nothing but moonshine-potencies: it teaches every branch that is required by the American Institute of Homeopathy and the State laws; and its teachers are enthusiastic homeopaths, who never forget, even when handling the knife or the specu-

lum, that they are homeopaths, and that the first aid to the sick is not necessarily surgical.

Hahnemann Medical College of Philadelphia, the mother of homeopathic colleges, is not given to much advertising of itself and its people, but it does some mighty good work the world over. It is to its eternal credit and glory that it is not known in the Institute, or in the profession, as the school which has one really good specialistin-something, with all the rest and singular "sticks." Old Halmemann is an all-star college. Dig up a Hahnemann graduate anywhere and you will find him a well-trained homeopath and surgeon. This school has latterly—within a few years past—overhauled its teaching in order not only to bring it up to modern ideas, but as well to bring homeopathy up to the modern day —not as a secondary proposition, but as a living issue. There has been some fine work done there in the past twelve-month in the way of adding more homeopathy to every chair: every Professor put himself to it to make the homeopathic idea the central sun of his chair, around which all things else revolved. We are very proud of Hahnemann of Philadelphia, with its splendid journal—The Hahnemannian Monthly.

The Homeopathic Medical College of Missouri (the St. Louis homeopathic school) is making some wonderfully clever strides towards the front. It has a number of noted hustlersin the best sense of that word—in its faculty and among its friends. Dr. McElwee is become President of the Missouri State Board of Health. There have been many good men and women changed into first-class homeopaths in this school; and there was never a time when Homeopathy was not a leading card in this Institution. It still has our "old" professors, Morgan, Campbell, and Schott, in its roster; and of the newer men who have come in and taken the vacancies of those who fought the good fight and then departed to their eternal reward, many have already achieved a good reputation.

The San Francisco college (The Hahnemann Hospital College) has recently made some very progressive additions to its curriculum, under the recommendations of the many good homeopaths who form its faculty. Under the deanship of Dr. Ward, with the materia medica and the therapeutics of Boericke, Arndt, Hoyle, and Tisdale; the clever instruction in obstetrics by The One Woman—Florence Ward; and in gynecology by her husband the Dean, a very wellrounded homeopath is the result. We note the presence also of Palmer and Crawford. By reason of the favoring climate this school is enabled to hold its sessions in the summer time when the other schools—barring now the Hahnemann Medical College of Chicago—are closed.

These are some of the fine colleges of Home-

opathy, which are in existence to teach Homeopathy; New York, Boston, Baltimore, and Cleveland are others. It is not to be assumed from this individualizing of a few of the leading ones, that there are not many others. We have named those only which have latterly made changes in their curriculum looking to the improvement of homeopathic teaching. We are glad to make this statement; for we have been repeatedly charged with throwing discredit upon all homeopathic institutions. We know but too well where the trouble has lain; and it is with much relief we note a return to the sanity of ordinary medical teaching and of homeopathic teaching. Homeopathy has cause to be proud of its schools.

### MATERIA MEDICA-FIVE MEMBERS.

This is what Dr. Chas. Mohr of Hahnemann College of Philadelphia says, in his report of the Pharmacological Society, to the American Institute of Homeopathy at Washington:

"Now, look at our sections—five members on Materia Medica section; seventeen members on Clinical Medicine; thirteen on Obstetrics; twelve on Gynecology; five on Pedology; seven on Sanitary Science; thirteen on Surgery; eleven on Neurology; and twenty-six on Ophthalmology. Look at these sections, with all the influence which they can bring to bear, as compared with the section on Materia Medica, with its five members. I think it ought to be just the other way. I think the Materia Medica section should be the largest in the Institute and be given the importance that it has demanded."

Can this be true, brethren of the profession? Is it true that materia medica has no special importance in the Institute? This is so sudden! Isn't this, in effect, the play of Hamlet with the melancholy Dane only an occasional speaker and intruder-much more like the Ghost than himself! Now, if we had said this, it would be asscribed to our hysterical and flippant style of composition—for that is the only conceivable reason for our writing; but when it comes from Mohr, the lineal descendant of Farrington, and the Materia Medica man of old Hahnemann of Philadelphia, it must seem sufficiently unflippant and unhysterical to wake the membership to the danger that lurks—nay, that threatens the life of materia medica.

And the Medical Counselor affects to believe that materia medica is not in danger of extinction by the prevalent teaching and recommendation of surgery, surgery, surgery! And that even if this could be demonstrated as a fact, then it must needs have followed because of the Blavatskymystical-way which the professors of homeopathic materia medica have of inducting their neophytes into the deepest and most inner circles of its arcana. But fancy a modern pix-creosole professor making use of Blavatsky-methods when instructing in homeopathic materia medica! Fancy some of the carpet-knight professors themselves using combination-tablets and hell-broths, doing anything that is mystical, and not partaking of the earth and being exceedingly earthy! but, alas! we have only the usual reflection to pass upon this wail from the Institute that we had in commenting upon the record of cases presented by the two Allens: "When Surgery had done its Best"; namely, that the profession, as a mass, has long since passed the point when it believed these stories; that it will require something far more fetching than the record of a few cases here and there undeniably cured by homeopathic medication to turn the tide of modern homeopathic skepticism; that Mohr's plaint will be regarded as a voice from the unscientific past, and

so rendered nugatory.

Is there no help in this extremity? Shall it be always and ever the uneven battle of the five against the ninety-and-four, to the uttermost disaster and disappearance real Homeopathy? Shall the "innate strivings" and "mechanical nature" which inhere in every medical student as soon as he gets his first taste of blood, be permitted to dominate him and his subsequent career in the profession? Shall therapeutics be made, in very fact, a mere adjunct professorship where innate strivings and mechanical natures have no lot or part? But the Medical Counselor is myopic. It does not see far enough beyond its own college; or else it would know that materia medica is being taken up more thoroughly in most of our colleges, certainly the better class of them, than ever before, and properly taught, and that the catchy, showy operations, are not so prominently wheeled down the stage of the announcementcircular, in order to catch the attention and remnant dollars of the down-the-country lad or lass, who estimates the grandeur and value of a doctor chiefly by the amount of blood found upon the floor after the operation. And if it be true that amendments are being applied, then there must needs have been somewhat in need of such amending.

Halmemann of Philadelphia and Halmemann of San Francisco—with other of the first-class homeopathic schools—are revising their curricula with a view to the betterment of therapeutics; and soon (let us hope) the American homeopathic college will expunge wholly from its announcement list that list of allopathic text-books which now constitutes so painful and pitiful an instance of lack of faith in its own declared

raison d'être and mocks the justice of the blackand-gold sign tacked against the front door. The correction of this indifference to materia medica and homeopathy lies with the professors in the college in the first and second years. For so long as these preparatory years are given over to the joyous hunt for bacteria and pathological products, and chemical and microscopical infinitesimals, to the exclusion of the practical breadand-butter things of the future medical man's life, just so long will that student come into the practical branches later on with his head and his notebook filled with mechanical and materialistic theories touching the existence of disease. The twig has been bent in the preparatory years, and the tree cannot later be unbent. Materia medica and anatomy should be the prime factors of the entire course of medical college life. older and better of the colleges are accepting this as the proper spirit in which to ground their students. Again we say, this does not mean that anyone, having passed the treasurer of the corporation, may not, if he likes, give leash to his innate strivings for blood—in a legal way; it does mean, however, that the innate strivings should be primarily and properly directed into channels of peace, and not as, by first intention, to a knife or a speculum. The Institute, too, will do well to heed the warning of its members, and especially of Mohr, in the matter of the peopling of its sections.

### THE INSTITUTE TRANSACTIONS.

The Transactions of the American Institute of Homeopathy for the Washington sessions are at hand. The papers therein contained, thanks to the enterprise of the various journals of the blood, have most of them been on the doctor's desk and thoroughly appreciated and digested. The statistical portion is interesting to the bibliophile and to the collector of facts and figures, but plays only a minor part in the hands of the ordinary practitioner. It is, indeed, gratifying to note the tone of progress which pervades the profession, gauged from the success noted in these pages. Dr. Walton has a very speaking likeness of someone—supposedly himself—as a frontispiece to this volume. But the time when Dr. Walton looked as handsome and debonnaire as that must have been some years before the loving-cup meeting in honor of Asa S. Couch and the ceremonies which followed immediately thereupon. This is not saving that Walton isn't as handsome and as hairy as this alleged photograph makes him out to be; it is only saving that he is handsomer and hairy-er than we have all along suspected. We are pleased to note, in the Monument Dedicatory Exercises, that the prayer

of the minister at the monument was carefully preserved and printed. Usually prayers are pretty deliberate forms of speech and almost any longhand reporter can write it off while being spoken. In other parts of the reporting we notice some wonderfully fine work—in the way of preserving minute detail which seems unnecessary—and omitting other things that might have been of avail. But it makes the page look well. We have looked, somewhat carelessly perhaps, for that report of the memorable closing meeting, in which that Spartan band of twenty-seven true and loyal members met and deliberately overthrew the five hundred and seventy-six or eight hundred and ninety-three of the Institute, in the matter of changing the place of meeting from Niagara Falls to some other place. Strangely enough nothing is said about this meeting or these twenty-seven-or if there has been anything written concerning the same we have missed it in our envious excitement-and so we are fain to believe that the sacred number of twenty-seven was a figment of the brain of someone who was a voter with the other, the larger, and the truer representation of the Institute. As the vote on both occasions was viva voce it might safely be assumed that the publishing of an exact number of votes is finely drawn and manifestly for the purpose of inciting defamatory rhetoric and discourteous resolutions concerning members high in the regard of the Institute. So far as the book is concerned, speaking from a mechanical standpoint, it holds its own place of excellence with all its predecessor volumes. Dr. Porter, the genial general secretary, in a Prefatory Note, states the causes for the delay in the appearance of the volume, which, to us, who had inhabited a part of this office for some years, appeals most strongly: for we remember only too well how difficult it was to secure the return of ordinary discussions, the revision and correction of which need not have taken fifteen minutes out of a busy practice; when, then, one adds to this the vast number of committees, and other statistical information gathered from almost innumerable sources, the membership will be impressed with the difficulty of collecting, printing, and presenting all these data in the time required by the by-laws. This volume is especially valuable because of its record of the monument dedication. The general secretary is to be congratulated upon the conciseness of the work, the keeping of this monster record within so few pages and vet so comprehensively prepared.

<sup>—</sup>The Proceedings of the Homeopathic Society of Colorado lie upon our table and are filled with good papers. We have referred to this before, but desire to specially commend the work because of its homeopathic trend.

### VACCINATION.

By WM. JEFFERSON GUERNSEY, M. D., Philadelphia.

It is not the purpose of the writer to combat the question of the prophylactic powers of vaccination. Reliable statistics prove (?) that it is a preventive of variola. Equally responsible information shows that it is valueless. Vaccination is here objected to solely on principle. It is disgusting; unreasonable because of doubtful efficacy; unscientific in introducing into a healthy system a poison to prevent a disease which that person may never be exposed to or susceptible of; septic; unclean.

It has been aptly said that, if vaccination was believed in by those who practiced it, quarantine would not be required. If the vaccinated are immune, why keep them away from the disease?

In a recent conversation with a very good prescriber the writer was astonished to learn that he not only vaccinated continually, but that he had never questioned the advisability of it. On the other hand, there are thousands of laymen who know of ill effects having arisen from it, and who only submit to the assumed authority of the various health boards in order to get their children to school.

We have all seen baneful results from this virus. Any physician who denies this fact makes an acknowledgment that he has had meager practice. If we do not thus transmit scrofula,

syphilis, or phthisis, we are liable to.

There are many conscientious physicians who do not know of any other means of preventing the disease who are nevertheless opposed to vaccination; who know that the credit given to the scarcity of variola is not wholly due to it; who are aware of the fact that all pestilential diseases appear in unaccountable waves and that very much praise should be attributed to improved sanitation.

Homeopaths know that there are other and safer, if not better, preventives. Certain internal medicines are prophylactic, and it is to demonstrate this fact that this paper has been written. Vaccininum (a potentization of the virus beyond its toxic force) is used by some; variolinum (similarly prepared from the actual morbific product) by others; and, best of all, malandrinum (which is more homeopathic because "similar," though not of the same) is evidently effectual in preventing the disease and is known to cure ill effects of vaccination—will prevent vaccination from "taking."

The writer has for years refused to vaccinate.

The inoculation with a potency of variolinum has been sufficient to allow of signing the school-board certificates; and, as a preventive, maland-rinum internally has been relied upon. During an attendance upon the only case in this part of the city within the past dozen years that remedy was used solely as a prophylactic, and without failure.

In view of the actual dangers of vaccination; of its possible inefficiency; considering the probable power of malandrinum; and bearing in mind the wrong which is done to the people we are bound to protect (vaccination being practically compulsory), it is high time to give this

desirable substitute a hearing.

Variola is not the only dread disease; it is not even the worst; not the most fatal. It it can be prevented by an inoculation with its own virus so can others; so may all. Why, then, select this when it is not prevalent? It is apparent that inoculation against all ailments cannot be wise. It is a violation of the Constitution of the United States (which forbids bodily mutilation)

to require this.

There may be some who are unfamiliar with the nature of malandrinum, and to these the following information is offered. In the disease of horses known among veterinarians as grease there appears a discharge which, when conveved to the udder of cows by careless milkers, produces an eruption almost identical with the pustules of variola. This was erroneously called malanders (from a closely related dry disease), and from it has come to us the name given to the morbific product under consideration, which, when potentized, becomes homeopathically a preventive of the similar disease. Not, like vaccination, an isopathic preventive of the same malady. This remedy should be given internally, probably once a day for a week. It may be procured from any of the homeopathic pharmacies.

Readers of this are requested to return an answer to the following questions at early convenience, so that a compilation may be made of the honest opinion of all who are sufficiently interested. Merely give the number, with the answer. Full credit will be given, and the result will not be published unless a desirable number

of responses are received.

1. Waiving the question of its efficacy, do you believe vaccination to be unsanitary?

2. Have you ever prescribed malandrinum as a preventive?

3. Have those to whom you have given it been subjected to a possible contagion with variola?

4. Have you met with any failures?

5. Have you used it for the ill effects of vaccination?

6. With what result?

4340 Frankford Ave.

### THE DECADENCE OF THE FAMILY PHYSICIAN.

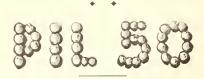
One of the Chicago papers—the Tribune, as we call it now,—has been giving some attention to the Family Physician, who is supposed to be fading out and being supplanted by the Special-Another paper—possibly the Chicago American—we have no immediate access to these journals—prints, or reprints, a statement by Dr. W. Tod Helmuth, in which he declares that the day of the family doctor is rapidly waning. Dr. Helmuth has always been a surgeon of the surgeons, and it is possible that he views the matter wholly from a surgical viewpoint. It is not a fact, however, that the general practitioner is dving out either as a class or as an individual. If statistics ever amounted to anything, it could be shown that the general practitioner is "coming in" again, and with far more éclat than ever before. It is the tide of surgery which is subsiding! The public feeling has veered about so that, at least in our City of Cleveland, many of our best physicians are losing their hold on the community, because of the reputation, "if you send for him, he will be sure to find something to cut." Again, the college output of recent years has unloaded a vast and increasing horde of young men and women, who are only too eager to emulate the older heads and hands in doing the most difficult of surgical work. So that for these, and other equally well-known reasons, the fad for cutting is not up to its pristine, nor even up to its most recent high-water mark. And because of his scarcity, as in other matters commercially and otherwise, the general practitioner, who knows a knife, and when to use it, but does not have it always in his fist, is taking his innings. Instances in point: one of our foremost Cleveland homeopathic physicians—and not in the college either—cleared twenty-three hundred dollars during the month of January! This man never touches, anything but his medicine case. Then we have a prominent surgeon,—none older, more experienced, nor better than he,who is gaining a larger reputation than ever, by his conservative work, and his frequent recommendations NOT to cut, but the rather to apply the therapeutic measures so well known to the homeopath. Dr. Pratt once said, some years ago,-in Baltimore, we think it was,-that there was no danger of the general practitioner ever being without work; that poor suffering humanity would always need his ministrations.

Surgery and its many-sided offshoots—the specialties—is to be credited with a vast array of wonderful achievements; but surgery, far more often than general practice, has its metes and bounds. Not every case that is operated

upon gets well; nay, does not always get even better than before the operation. Instance: the T. F. Allen cases. Stripped of its dazzling appearance, its mummery when properly arrayed, and surrounded with effectiveness of display upon the poor to-be-maimed patient and his friends, what is it but a mechanical device of the most ordinary pattern? Having sawed off one leg, the novitiate is prepared to saw off any number of other legs. Having taken out one set of ovaries he is prepared to take out ovaries by the dinner-plateful ever after; in each case the operation is practically similar. In time as each surgeon introduces his own technique, or speculum, or scimeter knife, or Moslem-headdress, the sawing off of a leg, or the taking out of an ovary, may be made a little easier and less hazardous; but it is still the same anatomy worked upon, and the same mechanical knowledge that is called for.

The general practitioner, however, who mingles daily with his patients, and has done so for years, finds no two cases ever alike. He stands far more often with the imminence of death upon him than the surgeon. The day does not close upon his labors in which he has not had a hand-to-hand combat with Life's chiefest enemy. The skill requsite for such daily and hourly encounters does not rest upon the peculiar handling of a new kind of instrument, or the use of newly imported Made-in-Germany antiseptics. Surely, in general practice we find the place for the Individual Initiative; for here a man must have the Napoleonic twoo'clock-in-the-morning courage; he cannot take three or four days of time to read up on this or that peculiarity, in the latest journals or books of the specialists. He must bring his knowledge with him and have it where he can lay hands upon and use it at an instant's notice. The successful treatment, let us say, of typhoid fever, and diphtheria, in the malignancy with which the profession meets these diseases so often, is far more difficult and hazardous than the taking out of the uterus with the entire circle of adnexa and attachments. The "common-people" still reckon only from the standpoint of apparent difficulties. It is a reversion of type to believe that brute-strength, and over-coming with sword and fagot, and the shedding of blood, is the highest type of power, and courage, and glory. Still, having said, and saying these things, we will not suffer anyone to accuse us of malfeasance to a large part of the medical profession,—our foremost surgeons.—for we number the best and the most skillful of these among our personal and professional friends; and yet no one knows better than these very foremost surgeons—with that grand man Helmuth in the front rank—that we have spoken

truly concerning the limits of usefulness of surgery. There will always be surgeons. The day is not far distant when the "common-people" will demand more therapeutic measures and less of the knife, and the wise young man will lay in an extra stock of therapeutics to meet that demand.



## Blavatsky Materia Medica and Innate Strivings.

If there be such a prejudice against materia medica as Brother Kraft would have us believe, —but of which we are not convinced,—is it not because the teachers and self-styled champions are so dogmatic, so mystical, and so self-rightcous that no company but their own is congenial? Homeopathic materia medica is often taught and paraded in public so that no one but a mystic or a disciple of Blavatsky can understand it. Its champions are constantly denouncing as heretics anyone who has the temerity to disagree upon some pet theory or indulge in new speculations or fresh mental diet. Again, if a humble member of the profession happens to display a natural mechanical skill and follow into surgery the innate strivings of his nature, he is relegated to the outer darkness as a man of blood, or if pathology be his longing—why, that is foolishness.— Medical Counselor.

Now this is real alarming! So it is the mystical Blavatsky-like teaching and walking that has produced the present-day lameness in homeopathic medical practitioners; and it has not been the fact that out of thirty chairs in a modern school only two or one is given over to the dissemination of homeopathy, while all the rest and singular are plugging away at some form of mechanical medicine. The Editor of the Medical Counselor has been woefully blind if he has not noticed the fall-down of homeopathy from its former estate. And the mysticism put forth as the cause will not hold water for one minute. The trouble is, and the Medical Counselor must and does know it, that homeopathy has been made an adjunct professorship in many of our schools -or was until quite recently-for a change is coming over the spirit of the dream, and here and there over this broad land champions are springing up who will defend our ancient birthright and cause Homeopathy once more to blossom as the rose. Wonder if the editor has any knowledge of the Combination Tablet home-

opathy; of the Pix Creosole homeopathy; of the Arsenauro and Mercurol homeopathy; of the Serum-Therapy homeopathy; of the Twentyper-cent-dividend-paying homeopathy; of the Modern homeopathy (limited)? The champions of good homeopathy are not constantly denouncing as heretics anyone who has the temerity to disagree upon some pet theory or indulge in new speculations or fresh mental diet. That is a leaf taken out of the profession of, say, fifteen or twenty years ago. To-day that is not true! The true homeopaths are as tolerant as the guild of the knife-perhaps even more so. And we number many, many good homeopaths among the Brethren of the Scimitar, the Scalpel, and the Speculum. We do not assail the young man who who has innate strivings and natural mechanical skill. We commend him to follow his bent. We ask the editor if he ever knew a young medical student who didn't have those innate strivings and that mechanical nature as soon as he got the seat of his hard bench warm? If he ever knew of one, himself not excluded, that wouldn't soldier on everything in the curriculum except to view a naked body being sliced or gouged or unsexed? We read in the blue-and-gold college announcements of the many tables of operations done and of the advantages in a surgically-clinical way. But where do we read of the table of typhoid fevers or diphtherias visited and cured?

## Book Reviews.

Mental Diseases and Their Modern Treatment. By Selden Haines Talcott, A. M., M. D., Ph. D., Medical Superintendent of the Middletown State Homeopathic Hospital in Middletown, N. Y.; Professor of Mental Diseases in the New York Homeopathic Medical College and Hospital. New York: Boericke & Runyon Co. 1901.

Dr. Seldon H. Talcott's new book is before us, and it proves to be a treasury of homeopathy and good practice. It is cast in the lecture form, and partakes of that free and at times breezy style of talk for which Talcott is so justly famous, not alone with his many classes, but with his professional brethren everywhere. His description of the anatomical parts concerned in his specialty is clear, interesting, and attractive. His description of the proper treatment of Mental Disorders, inclusive of medicines and other measures is of the best in his specialty—and he is master in his art. There have been many other books written upon this specialty, but we question whether any of these can stand close up to Talcott for quick

interest and sustained attention. For we all know, those of us who successfully passed the ordeal of the white-hot plowshares,-our medical and college exam.,—that there is no other topic, unless perhaps of Eyes and Ears, that gives the undergraduate so much concern as this of Mental and Nervous Diseases. And a man who can make music of this specialty, and attract the students who are mostly determined to be fivehundred-dollar-a-clip gynecologists as by first intention, is a man who should write our books; because he can save us from nihilism and allopathy. Dr. Talcott has been known of the profession for years as a straight and upright homeopath. His record as Superintendent of the Middletown Insane Asylum is world-wide and most creditable. We hope now, most sincerely, that our homeopathic colleges will no longer recommend old-school text-books when Talcott's book is to be had. And in this respect of sinning against the canons of homeopathy we have recently learned of the guilt and defection of an alleged friend of homeopathy who has recommended and insisted upon his classes buying a work by an allopathic author—although, even before the appearance of Talcott's, there were other good homeopathic books on Nervous and Mental Diseases. Let us give front place to homeopathic authors in our homeopathic colleges. We welcome Talcott's new book; we bespeak for it a wide circulation for its intrinsic merits, as well as for its bold and honorable upholding of the homeopathic doctrine.

## Correspondence.

American Homeopathist:

The March 1st number of American Homeopathist contained an article "A Half Century of Practice," wherein the name of the late Dr. Okie of Providence, R. I., is spelled "Oakey."

I was greatly disgusted to see the name of that grand and uncompromising disciple of Hahnemann distorted. During the years of 1849 and 1850 I was in the office of that glorious man and true homeopath, and I know how to spell his name, and desire you to make the proper correction—Okie. The name of Okie deserves to be written in letters of gold. There was never a more successful and ardent advocate of true homeopathy than Okie. He followed the teachings of his preceptor, Dr. Hering, with implicity and fidelity.

Sincerely yours,

C. A. Jæger.

P. S.—I think Dr. Adam Müller of Chicago is

the oldest homeopathic physician in the U. S.—yes, in the world.

J.

—I have been a great lover of Mellin's Food from the beginning of my practice, for it was with this staple product that I broke through that iron-bound rule, inculcated in me by my earlier homeopathic teachers, of giving nothing to any patient but a single dose of the high potency and "wait"! I had a little baby to care for that was progressively losing flesh, notwithstanding that it was nursed more than ordinarily The mother was a large woman, whose breasts were overfilled and overrunning. Still that little fellow was hungry—he cried in the continuous, peevish way that we sometimes attribute to earache. I tried all my remedies in due and ancient form, but failed of any, even the most fleeting, success. An elderly lady from the neighborhood —and what would the medical young man be without her timely aid and assistance—hinted one day at hunger as an exciting cause. Bless my heart! I fell in with her suggestion in a minute; and as I was graduated before the testing of milk for bacteria and worms and the like was a prize performance in a medical school. I didn't bother about that, but got a bottle of Mellin's Food and interpolated that as one feeding between two feedings from the maternal breasts. It was a revelation for sore eyes to see that youngster "bite" into the new food, and presently to see him curl up and go to sleep contentedly! And from that day to the present I have been a warm friend of Mellin's; and while other foods may be as excellent, and I give way to the family or the nurse or the consulting physician and try some other food; unless the result is excellent and prompt I soon get back to Mellin's, and have never yet had occasion to regret my exceeding predilection. When I add that my own children are Mellin's Food babies, it may be gathered that I recommend the food as highly as possible. I have added one other use to the advertised one. I make an invalid food of it. In my convalescent cases, from any and, indeed, almost every disease, I put the patient upon a cup of Mellin's Food for two or three means a day, for a week or longer. This reminds me to add that I have also made it an excellent substitute for coffee and tea when cold water, or cold or boiled milk, or the insipid cocoa, or the rich and constipating chocolate will not fill the long-felt want at breakfast. I have sometimes felt like clipping out of my Saturday morning's paper, with its array of cured-hero pictures, those well-written advertising columns depicting and denouncing the use of coffee, but instead of the usual red-fire and slow curtain to substitute my recommendation of Mellin's Food.

### Globules.

- —Dr. H. F. Biggar has performed his 1320th laparotomy. How is that for a good record?
- —Dr. A. M. Linn of Des Moines has been elected a member of the State Board of Health. His local paper speaks of Dr. Linn in the highest degree of praise, in which we all of us join most heartily.
- —A facetious and witty contributor to the Hahnemannian Monthly proposes to introduce a luminous paint for the golf balls to be used at night time at Richfield Springs. The idea is a bright and scintillating one; but not original. This same luminous paint was exploited in a recent "literary" magazine, and much better done than in the Hahnemannian Monthly and now, if we can get the "liege-halle" and the luminous-paint men to prove their patents and give an exhibition at Richfield Springs prox., it will add enough additional interest to the meeting to draw a big crowd, and possibly thus make amends for the change from Niagara Falls.
- —Dr. C. E. Fisher has opened a very complete suite of offices in Hyde Park, corner Fifty-third Street and Lake Avenue, with a city office with Dr. E. H. Pratt. Dr. Fisher finds himself in very much better health than before his selfexilement in Cuba, and feels confident that he will be able to attend to his professional work with his old-time vigor. He has been operating in Streeter's Hospital. He has delivered the commencement Address at Hahnemann Medical College, Kansas City; and is also booked for four special lectures on Surgical Topics in the Hering post-Graduate course. It is, therefore, very evident that the Fisher who has resettled himself in Chicago is the stronger and vounger man who went there some years ago, and not the enfeebled Doctor who left there to go to Cuba for his health. We are glad to welcome him back to the profession, and hope at no very distant date to have something from his pen.
- —The New York Pharmacal Association—which gave us Lactopeptine and is noted for its pretty and apropos advertisement features—is again before the profession with a medical annual in a colored cover page, the contents setting forth a number of excellent little articles, as well as speaking a good and large word for itself. The engravings are unusually fine. That one, especially, which shows Ambrose Paré at the Siege of Metz, busy with some wounded soldier. The picture does not show what Paré is doing, except that he seems to be at work in the lower part of the body. The accessories are those which attract us. A monk is holding the soldier

to the table, while a mitred bishop is pronouncing his blessing; other religious gentlemen are standing near, observing. But Paré has no thought of aught but his work. He is minus all the modern Moslem mummery; evidently the patient is making a noise, if he hasn't fainted from the agony. Paré is at work with his sleeves rolled up and his waistcoat and shirt open.

On the succeeding page is a modern surgical picture, which consists of the subarachnoid injection of cocaine. Here it takes four men, with fourfold scrubbing of hands and with towels about their heads, to inject a hypodermic into the spinal column. The little pamphlet is a very creditable product.

- —The Ohio Homeopathic State Society held its annual session at Columbus, on the 14th and 15th of May. The president, Dr. J. W. Means of Troy, presented a fine programme, and an interesting session resulted.
- —The Hering Post-graduate card notifies the profession of the existence in Chicago and as teaching in Hering of a certain Professor Charles E. Fisher, and also of another certain Professor Chester E. Fisher. That's a pretty close resemblance. Bro. Charles had better split his name in the middle.
- —The Nebraska State Homeopathic Medical Society held its regular annual meeting at Lincoln, May 7th and 8th. The Secretary, Dr. F. E. Way, issued an Announcement which was a rib-stirrer for fun and effectiveness. It is worth reading a second time, and then laying aside for another reading when business is a little dull.
- —The Hahnemannian Advocate, the apparent monthpiece of Dunham College (its editor being certainly one of the professors of that school), has not a word to say concerning that alleged one-million-dollar contribution to its college. Is the amount so small that it did not catch the editor's eve and interest? But some others of us have a vivid recollection of other newspaper canards issued in timely season to help private persons and medical colleges, and are not easily gulled. Dr. Dewey, who gave print-room to the million-dollar gift, had but just returned from Chicago, where he had been dined, and possibly, in the after confidences of that dinner was filled full of this million-dollar gift. Now, then, to show our good faith we will contribute one dollar, if someone else will subscribe the remaining million-less-one-dollar gift. That seems to be the proper way of making a large subscription.
- —It may surprise the Medical Visitor man to learn that Dr. George M. Gould of Philadelphia, whom it so thoroughly killed off with its several caustic editorials, has come to life again,

with a weekly medical journal at four dollars a subscrip., and without any stick-of-striped-candy premium for each new subscriber. Dr. Gould isn't half decent in being alive when he ought, clearly, to be dead and buried. It was a very easy prophecy to say that Dr. Gould was only temporarily down, and would speedily reappear with the best medical journal in the world—the Medical Visitor, of course, always excepted.

- —Dr. J. B. Gregg Custis of Washington has been elected to fill Dr. H. M. Smith's place as Treasurer of the Hahnemann Monument Committee. An excellent selection, but a difficult place to fill.
- —Dr. A. C. Cowperthwaite of Chicago has been appointed Necrologist of the American Institute of Homeopathy, vice Dr. Henry M. Smith, deceased. Dr. Cowperthwaite requests that the membership kindly send him the names of such members of the Institute as have within the twelve-month been gathered unto their Eternal Rest.
- —The Surgical and Gynecological Association of the American Institute of Homeopathy, through its president and secretary, has issued a little pamphlet-notice, under date of April 15. calling attention to the second Annual Meeting of this body, which has been set for ten o'clock Monday morning, June 17, in a hall adjoining the Hotel Earlington, Richfield Springs. These officers, in their circular, call attention to the fact that this association is a child of the American Institute and that the members of the special society are bidden to remain over for the full meeting of the Institute. It says that Drs. Shears and Kinyon, respectively chairmen of the Sections in Surgery and Gynecology, will present programmes which alone will repay the membership of the special society for remaining throughout the week of the Institute meetings. Dr. James C. Wood of Cleveland is President, and Dr. J. Willis Hassler of Philadelphia is secretary.
- —That cool One Million of Dollars, which some past master in newspaper interview writing and Monday morning mare's nest purveyor has donated to Dunham College of Chicago, has not been deemed of sufficient value to be noticed by any of the other daily papers or homeopathic journals of that city. It was a good "story," as such stories go in the office of the modern newspaper; and it was just as easy to give the college one million dollars as it was to give one dollar and fifty cents. So it got a million dollars—in the daily press. We are some distance from Chicago; still we have several trusty correspondents in that city who would have picked up this choice morsel of homeopathic information, had

there been any lasting qualities to the same. Even our level-headed contemporary, The Medical Century, gave the pleasant rainbow-chase print-room—though leaving a back door open for escape in case of fire or other need for sudden exit. If the story is true, it is needless to add that we will be most heartily glad; if it is not, then whoever did Dunham this shabby trick ought to be pilloried and cast out. Stories of this kind do not feel the touch of the types without help from someone mainly in interest.

- —There has been a little change in the graduating exercises of the Cleveland Homeopathic Medical College this year over former years, in that the Methodist Church shall now have the honor of properly outfitting the young doctors, instead of the Baptist Church.
- —Western members of the American Institute of Homeopathy, in going to Richfield Springs from the West, will find the Nickel Plate road the ideal road to Buffalo; from there take the D. L. & W. to Richfield Springs. In this way, if there be any one-fare route to Buffalo and return, the Institute member may have its benefit. The D. L. & W. is a quick line and accommodating. The exact time table we will secure in good time to inform our readers.
- —The March issue of the Homeopathic Eye, Ear, and Throat Journal contains an editorial reviewing the Richfield-Niagara Falls situation. As President Norton is editor, the editorial may be accepted as authentic.
- —The Fifth Annual Report of the Ohio State Board Medical Registration and Examination is upon our table. The record of the Board shows that there has been no idleness on its part in carrying out the law as now upon the statutes of Ohio. A cursory review of the applicants for license to practice upon regular diplomas shows a vast army of new men and women coming into Ohio, before the gates were shut down; Toledo, Cincinnati, Columbus, Cleveland are well stocked with physicians. Only nine applicants upon examination, six of whom passed. We will examine with much interest the next annual report of this Board in order to note how many applicants for examination have been filed, and how many failed. It is to be remembered that the classes graduated this spring still fall under the mere-registration-of-diploma act. So that there may be still a vast "slew" of them to register.
- —Some peculiar rumors reach us from Chicago. Is there, indeed, to be a new amalgamation of colleges at that point? Speed the day, if it is! We can safely say that our best wishes go with the condensation and amalgamation of colleges. This is not to be understood as saying

that anyone of the present lot is superfluous or dishonest; but it is to say that the combining of interests and finances and faculties of the colleges, here and there, will tend to increase the value to the community and the profession of the college so arising from the combine. But such combination must not be permitted to degenerate into a trust, with a "boss" in command.

—The Syracuse Homeopathic Hospital Record makes a special plea for its sustaining. The ladies are to give a musical. Great are our dear sisters in helping out any weak or lame charitable object—what would we do without them?

—Last week we remember to have noted one day when no new pharmacal company was incorporated for St. Louis. But it is a most prolific nidus for proprietary articles and medicines. Wonder where the loophole is in the Missouri statutes. It will presently have as unsavory a reputation for patent medicine foundries as New Jersey has for trusts.

—At the next session of the Institute it would be well to open anew the perennial question of the proper and most seasonable time for passing needed legislation. We note in the published Transactions, that a number of important measures were disposed of in the closing hours of the session; measures which were not seen nor heard of by the membership until they now see them in print. When shall this be done? the very first would be objectionable, for then some of the hotel-bill-saving contingent, who do not appear upon the scene until the morning of the day when their section is due to be called. would be defrauded of the opportunity to attend and wind their plaintive plaint in opposition. the middle of the term, when all the membership is present, would not suit the politicians, for they would not be given sufficient time in which to sound their carefully prepared speeches. So dilatory practices would be invoked, as now, in order to have only their own chosen band in attendance. Would not the better way be, if it could be done, to submit these necessary things to a committee, before whom all arguments could be heard, and then, when that committee reports in writing, submit it to the Institute for ratification or rejection, but without debate? Of course this will be fought most bitterly by the few jawsmith members who enjoy nothing so much as to hear themselves debate.

—The Governor of Colorado seems to be a second Daniel come to judgment. His veto (with reasons attached) of the Medical bill attempted to be foisted upon the public under the guise, as in many other States, of protecting that public from the evil designs of bad and undiplomaed medical men and women, has such a

ring of the true steel to it that it might well be read a second time and then remembered. Here is what he said—and we quote from the American Medical Monthly:

"The true intent and purpose of this bill is to restrict the profession of medicine to the three schools therein mentioned and then limit the number of practitioners to suit the judgment of the composite board. People desiring medical or surgical services may employ its licentiates, or die without the consolation of its healers. This is but to say that a medical trust is to be established which shall regulate demand and supply by absolute control of the product which forms its basis; the General Assembly furnishing the appliances whereby the trust shall become effectual."

These are wise words, and tersely and truthfully paint the picture as it is seen in most of our barb-wired States. Our constant complaint is that the people are not protected by these For what boots it how high the scientific standard is raised in the colleges, and against those physicians who try to break into our paradise, if the quacks with diplomas are allowed to travel from point to point and sell their hell-broths from band-wagons to a credulous laity? What does all legislative restriction amount to when the daily press is teeming and dirty with the Three-Day-Cure and other lightfingered gentry, who flourish and thrive and grow fat and unctuous, while the poor, protected, regular physician can't get enough to pay his office rent—to say nothing of running a two-story red-running-geared buggy, or wearing a mother-hubbard overcoat with yoke cut in scallops. If the medical politicians and legislators want to do something for the practitioner besides cutting off his base of supplies, let them turn their intellects into some channel of usefulness so that these sharks and hell-hounds, these suborners of newspapers and users of gasoline-torch band-wagons and gentry of that stripe, may be restrained of their license and liberty, both. For viewing the picture at its best; admitting that raising the standard will raise the intelligence of the profession; it can only make the student and the practitioner a bit finer and more scientific; but they will go into the money-making medical shystering business just as quickly, if they find that the laws make that avenue a source of abundant revenue, while they practically close up general and honest regular medical practice.

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## The American Idomeopathist.

JUNE 1, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



DEAN T. SMITH, M. D.,

Professor of Surgery, University of Michigan,
Ann Arbor,

OUR subscription list has not yet, we confess, attained to that of the Medical Visitor, with its alleged five thousand, and we may yet have to resort to clubbing—clubbing our journal with half a dozen lame ducks; or perhaps even breaking into the domain of a grandly successful leader in homeopathic journalism, and offer premiums and prizes—a soft-boiled egg, or a hard-boiled oyster, or combination tablets, or complexion ointment—to each new subscriber.

THUS far, however, we have managed to pay our printing bills, and the sheriff has not molested our shutters.

BUT think of the peculiarly cajummuxed and entouraged position in which his commer-

cially minded printers and publishers have placed our learned brother, the editor of the Medical Visitor. After fighting the proposed removal from Niagara Falls to Cambridge Springs (where no one except himself had had any thought to put the Institute), that editor gracefully descends from his exalted Parnassian heights and writes an editorial commendatory of the Richfield vote. True there are paragraphs in this hurrah-editorial which sound insincere and wabbly. But let that pass; let us assume that his intention was good. Then note how he gives, in this same issue, several pages of printroom to the publication of a series of resolutions from the Western New York Homeopathic Medical Society,—fathered and feathered, spleened and signed by a doctor who is not in membership with the American Institute, nay, not even with his own State society,-which resolutions have but one purpose in the conceiving and borning: to wit, the smudging and disgracing of the American Institute—at least 569 thereof—and the highest power in that Institute, the Executive Committee! The editor hereinbefore referred to, who is the Institute's Recording Secretary, is, therefore, caused to appear in the lamentably inconsistent rôle of patting the Institute on the back with one hand, and with the other giving it a hot-seven in the solar-plexus. But this is a printer-mistake. It must be. The wicked partners, who pay the freight, are making ducks and drakes of the editor's peace-policy. It was they who slipped in those Helen D. Nation resolutions in deadly parallel with the goo-goo editorial on a later page. And they also printed that other editorial, in this same issue, damning Richfield with faint praise; referring to it as a way station, six or seven hours from Buffalo, and built near a sulphur spring.

## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West
12th Street, New York.

References in this department are made by number. (See issues of January 1st or December 15th each year.)

### Argentum Nitricum.

W. A. Smith, M. D., in an excellent article on this drug, says:

Argentum nitricum has won its greatest spurs in ophthalmia in children. In purulent ophthalmia there is no remedy that equals it for excellent results. Dr. Norton pays the following tribute to the beneficial effects of this drug in purulent inflammation of the eye: "The greatest service that argentum nitricum performs is in purulent ophthalmia. With large experience, in both hospital and private practice, we have not lost a single eye from this disease and every one has been treated with internal remedies; most of them with argentum nitricum of a high potency, 30th or 200th. We have witnessed the most intense chemosis, with strangulated vessels, most profuse purulent discharge, even the cornea beginning to get hazy and looking as though it would slough, subside rapidly under argentum nitricum internally. The subjective symptoms are almost none. Their very absence, with the profuse purulent discharge, and the swollen lids, from a collection of pus in the eve, or swelling of the subconjunctival tissue of the lids themselves, indicate the drug." With such an indorsement, from such a competent observer, there is nothing left to be added concerning its effectiveness in the cases.

#### Helonias.

Bourzulschky 29: A lady, aged forty-five, was successfully treated by me two and a half years ago for leucorrhea. The genitals showed nothing abnormal. She had a return of the leucorrheea last summer; it was acrid, green, with swelling of vulva. Nitric acid and injections cured it, as before. Some time after this she visited me and complained of feeling something in her abdomen that ought not to be there. She had no pain, but only the feeling that there was too much inside her. I examined her and found the womb projecting almost into the vulva. It was not enlarged; the vagina was relaxed. gave her helonias I x, three times a day. I told her to keep her bowels open, with enemata if necessary; to have her dresses suspended from the shoulders, to refrain from hard work. Three weeks later she said the feeling of having too much inside her was better. Examination showed that the womb was in a better position. In three weeks more she had no more complaints, and I found the womb in its normal place. Thinking she was quite well, she undertook some hard work and had a relapse, which was cured by the same medicine.

### Marked Poisoning from Five Grains of Quinine.

This is recorded by Dr. F. W. Bock. 30

The patient observed that he was unable to take quinine, for 15 grains given for malaria when he was twenty-one years old, followed by 20 grains, and again by 15 grains, on successive days, kept him in bed fifty-eight days, with the development of the same symptoms as those about to be described.

He was ordered 5 grains of the drug in 1-grain pills, one to be taken every hour. After three doses there was marked ringing in the ears and deafness, intense headache, and pains in the bones. Two days later an erythematous rash appeared and spread over the face and ears. He was now delirious and showed signs of collapse. The mouth was swollen, deafness was very marked, but the roaring in the ears was less. A day or two later he was better, and exfoliation had commenced over the seat of the rash. Ten days after the cutaneous symptoms appeared, exfoliation was almost finished. The mind was clear and the appetite good. Two weeks later it was found that the power of hearing was reduced one-half.

The author considers that, had the drug been pushed, the death of the patient would have been inevitable.

Such a susceptibility to quinine is of course very rare, and is practically ignored. Nevertheless, the possibility of such symptoms arising should make us careful not to treat lightly any objection raised to the proposed administration of quinine which is the result of previous evil experience of the drug. After all, there is such a thing as individual idiosyncrasy, though the fact of its occurrence is apt to be overlooked.

It is worthy of note that the patient had suffered much from malarial fever before this disastrous experience. No subsequent attack of fever occurred, so that the quinine apparently cured the disease, although at the expense of the patient's hearing.

—The Section in Pedology of the American Institute of Homeopathy urges expedition on the part of its several members, in order that proper action may be taken to provide debaters, etc. So far as made up, this section promises a fine feast for all participants.

### VACATION FIELDS FOR STUDENTS.

By T. C. DUNHAM, M. D., Chicago.

I have been asked to outline a course of study for students during vacation.

- I. First-course students have been busy with bones, and that would lead naturally to study of comparative anatomy and physiology.
- 2. Second-course students would be especially interested in the chemistry of common life and all the side studies and observations incident thereto.
- 3. Third-course students should study along the line of races, nationalities, effects of climate, soil, etc., that surround the question of ætiology.
- 4. Those who look forward to graduation might find it profitable to write up the history of cases that they will meet; e. g., family history, personal history, evolution of the case, etc., etc. Rare cases could be collected for the clinics.

Every student should bring back to his college some subject: bone, plant, book, or specimen. That would demonstrate that he was a "working student," even in vacation. Such an interest would help the cause more than one can tell.

### ONLY THIRTY REMEDIES.

A good friend of homeopathy and a successful doctor, in contributing a paper to a homeopathic magazine, refers to a paper of ours presented upon another occasion, in which we spoke of annually decreasing the number of vials in our pocket-case. He wondered how this could be done, since he found, on the contrary, occasion, every now and then, for newer and more remedies. The answer is in his own paper, and not at all difficult to find, judging from the specimen of homeopathy therein exploited. He opens with laudations for chionanthus, which he honestly credits to the Eclectics, and, of course, knows has no standing in the homeopathic church, since it has no homeopathic proving. He gives colchicum upon the one symptom that the patient could not smell the cooking of food; if this were peculiar to colchicum, then the remedy would be a specific without price; but if he will examine any good repertory he will discover that there are others—other remedies which have the same symptom, just as leading and just as characteristic as colchicum. Jaborandi I x is given for "Bright's Disease." Veratrum viride is a sure remedy—for the pathological conditions enumerated, but NOT in the homeopathic tincture; the best is Norwood's tincture! Cuprum is given for "a dry, hacking cough." And so on to the end.

If we were to go into this array of homeopathic remedies in detail, our brother might think we were engaged in a bit of malicious criticism; but we are not; we respect him too much for that, and we quarrel only with the arrant hypocrites in the colleges. But just see what an opportunity this could be made to show how much better it would be to study thirty remedies thoroughly,-very, very thoroughly,and then apply them homeopathically, rather than know a leading keynote here and there of some two hundred remedies; or give Eclectic remedies per se, in eclectic doses, with adjuvants from the old school. Our contention was, and is, that in our pocket-case we carried such of the homeopathic remedies as are well-proven, and had stood the test of time-most of them at least fifty, some nearer a hundred years; that having once learned the totality of these thirty, we were able to get along with that pocket-case in the general run of practice. But this was not to leave the impression that we never used the others. There are very few of the homeopathic remedies, known to the school, of which we have not one or more grafts; but outside of the thirty stand-bys, which we try to carry under our hat at any hour of the day or night, we find that the remaining several hundred require the use of a repertory for efficient work; and we do not carry our books to the bedside.

We do not give drop doses of chionanthus for turgid liver with yellow skin, nor aconite for fever; nor podo. 2x for constipation; nor mercurius for diarrhea; nor jaborandi (but one remove from the crude) for Bright's Disease. Let us all get back to the Hahnemannian homeopathy; and this does not mean moonshine potencies-for the giving of which we still stand pilloried in the chief places in Cleveland and Ohio. Some idle and malicious artificer in the to him unknown quantity of Truth once gave that lie currency, and we do not expect to live long enough ever to run it down. Hahnemannian homeopathy means the giving of wellproven remedies upon the totality of the symptoms, and not upon isolated characteristics, picked out here and there, from some clinical records. And it as certainly does not mean prescribing, even the best proven of homeopathic remedies, upon pathological names. Do we make that fairly plain? Possibly, if we were vounger and had less professional business, we could add a few new bottles each year to our pocket-case. But our life has no very long lease remaining; and with the constant warfare upon allopathy, which has been intruding its unwelcome head into our colleges and our journals; and in keeping the newer and younger generation of cutters from totally destroying all remnant resemblances to homeopathy, pur et

simple, in our schools we have our hands full. Better ten remedies thoroughly well known, and under the hat, than 381 in the office desk!

### WOMEN SURGEONS.

What might seem almost an anomaly in the professional and scientific world is noticeable to-day in the accession of women-surgeons to our profession. Once it was believed that woman, being so much more finely and humanely organized than man, if she took any part in medicine at all, would restrict her work to the giving of herbs and simples, or, at the outermost, to the work of obstetrics. Latterly, however, she has shown the crestfallen male surgeons that she has not only equal knowledge but greater skill, and exceedingly far more tact and technique than the man-surgeon in the handling of surgical material. There is really nothing to marvel at in this dilatory discovery on the part of the lordly men. It has been a long cry, and a disgraceful one, about the weakness of woman, physically and mentally; but the end is at hand. The only singularity about the matter rests in the fact that it was not long ago discovered.

Where has there been a mother, in all the ages agone, that has not suffered more than any man who ever existed? And thus suffering through the ages since time began, why did it not follow, naturally and normally, that she should be the better able to appreciate and alleviate suffering? Given a man with the toothache and the world is a dreary blank, a hopeless and blighted existence. Given a woman with an incurable disorder, and she will carry her life-destroying burden to the end with amazing patience and sweetness. Her advent, then, in the domain of surgery, was a necessary condition of her nature and her lifelong surroundings. Instinctively she is the neater and cleanlier of the sexes; so that the current fad of boiling and parboiling the hands and nails was in a measure anticipated by her ordinary nature. That she should turn from the dose to the knife is not a very far cry. For woman is brave, always and ever, in danger. And certainly her greater delicacy of touch, her finer feelings, her intuition, her longsuffering and patience, her acknowledged supremacy in studies,—all tend to make her a rival not to be lightly ignored.

There are several women-surgeons in Cleveland; we know of a most excellent little womansurgeon in Minneapolis; no one of us has been able to lose or forget that charming writer, student, teacher, and woman-surgeon of San Francisco; Denver has a good woman-surgeon;

New York and Boston and other cities has each a proper quota of women-surgeons, none of whom bow the knee to the man-surgeon, except in courtesy. When woman has had half the chance in the history of the man-made and man-governed world that man has had we will not hear so much about her weakness, her lack of application, her dilettanteism, her inconstancy. When it is remembered that woman has but within the half century just closed been given her liberty, the result attained is truly marvelous. As in other occupations where she has gone, she will raise the profession of medicine and surgery to a moral height not now dreamed of. She is a factor that must be reckoned with and for all time hereafter. We welcome her and bid her God-speed in her newer field of labor.

### MAWKISH SENTIMENTALITY.

The United Presbyterian (quoted by the Clinical Reporter) laments the decadence of the lawspirit and law-feeling in the cultivated masses. It has special reference to the holocausting and lynching of negroes of a recent date, and compares it to the blood and brute thirst of the ancient Coliseum the Spanish and Mexican bullfights. It concludes a well-presented article with this paragraph: "It is difficult to say which is the greater danger to the country, the criminal population, as we have been accustomed to use the term, or those who assume the functions of the court and the power of the State, and punish those accused of crime without due process of law or possibility of mercy. Perhaps the latter, because it gives evidence of the breaking down of the moral sentiment where it has been supposed to be the strongest. There must be an awakening of conscience to the crime of mob-law, even in extreme cases."

No, brethren of the Presbyterian faith, the correction lies in waking up the judiciary! When a brutal murderer is made much of, flowered, and fêted, and photographed, and pitied, and hauled through trial after trial—trials that are, in the main, farces of an unmitigated order, entailing enormous expense upon the community, and then, mayhap, escapes entirely upon a technicality—it is small wonder that the better element of the community band them together, and take such murderer when caught red-handed, and string him to the stringers of a bridge—not for his health's sake, exactly. It is a good deal cheaper for the county, and it has a salutary effect upon others who might be tempted to exercise their deviltry upon unpro-

tected women and children.

This is no preachment in favor of mob-law; but it is intended to say that a community will stand a good deal of nonsense with its courts and its politicians; but the day of wrath comes just as sure as fate. As witness the French Revolution, and othersome many historical instances. The addition of learning to the presentday civilization does not destroy the innate sense of right and wrong inhering in every the humblest citizen or subject. The processes of the constituted law are, practically, dead. The other day a murderer in one of our local courts drew a four-year penitentiary sentence; while a common thief got five! A man steals, under the press of hunger, a basket of apples. The law catches him all right, never fear, and outraged justice is appeared by his prompt incarceration. Another loots a bank, leaving nothing but the linoleum on the floor of the Directors' Room, and two silvereen cuspidors and he gets—a book-keepership for a few vears in a fashionable department of the State Prison!

An inhuman brute climbed into a railway signal tower on one of our cross-streets recently, and by repeated blows with a coupling-pin beat the brains and life out of a poor old man! The murderer was caught, later on. And instantly the maudlin press published his portrait, and began its talk of his irresponsibility, his drastic poverty, and manufactured a sentiment which resulted in some woman of means stepping out of her obscurity and standing his godmother in his effort to prove his crime not criminal. Another criminal, this time a negro, shot and killed a police-officer. He has been at last convicted. Now this same mawkish sentimentality is at work with a petition, asking for his pardon! It is no crime to beat an old man's skull into a sickening jelly; it is no crime to shoot a policeofficer!

Commend us to the English, and, indeed, the foreign way generally, of disposing of its malefactors. Let a criminal be once caught, and the chances are certain that he will not escape the sword of Justice. Not even Mrs. Maybrick, with all her influence in America, is able to break through the rigor of English justice. And so it should be. Then the temptation to take the law in one's own hands and hang to the nearest lamp-post a brute who has deflowered and brutally murdered an innocent girl would not come so often to the decent, law-abiding citizens of the community. Wake up the conscience of the judiciary! Take away a cartload of their technicalities. Let the press stop martyrizing these hell-hounds. Make it possible to hang or otherwise kill a brute who has forfeited his life by his conduct. Give him a fair trial, of course; but if he is declared guiltyaway with him!

### "THE HOSPITALS OF JAPAN."

Under this caption we have received a reprint from the Charlotte Medical Journal, the original of which was a letter written by one of its distinguished editors, Dr. Edward C. Register, one night at Nagasaki, last October, while on a trip around the world.

The little pamphlet tells a good deal in a very small compass. It tells us that there are but ten hospitals to this island kingdom, or empire, with its forty-five million inhabitants. The two principal hospitals are found in the capital, Tokio; and, as Dr. Register describes them, the Imperial Hospital is an up-to-date building, while the other, the General, lacks in many essentials. The Imperial is almost entirely maintained by the Government; it has eighty resident physicians and six hundred trained nurses. The average number of patients treated there annually is twenty-two hundred, while the outdoor departments attend to many thousands.

All through his interesting, chatty letter Dr. Register compliments this people upon its marvelous industry and cleanliness, and, in the main, upon its progressiveness in matters of asepsis and medicine. He has many nice things to say of their love for flowers, for purling springs and jetting fountains, as accessories to the hospital wards and yards. The lack of hurry and excitement of the surgeons contrasts most marvelously with our system of bustle and expedition. He says that operations are not very plentiful, because this people have an inherent prejudice against operations—as have all peoples under the sway of Buddhism. Their attention to minute details; the placing of the instruments, sponges, tables; their use of the microscope, joying in the minuteness of the work; attracted the Doctor's attention everywhere, and for this reason they seem to take more pleasure in doing an operation for cataract than hysterectomy. While visiting in this city, Dr. Register had the good fortune to meet Kitasato, whom his Government sent to Europe to study the bubonic plague.

The little leaflet is one well worth reading and saving for another reading. It lacks the dryness of letters written by professional correspondents, and is interesting and instructive.

<sup>--</sup>One of our correspondents in Michigan, after realing a recent issue of this journal, says that he never knew before that the appendix-vermiformis was loose, and could go where it pleased. He asks if there is any danger of its punctuating the diaphragm and producing heartfailure before there can be an operation? Our facetious correspondent seems to have eaten that extra piece of mince pie, and must have been seein' things

### IF I CATCH THIS RABBIT—

That was the way we supposed it would turn out—that million-dollar gift to a Chicago homeopathic school: if I catch this rabbit, and two more, I will have three. The generous gentleman who was heralded as having given this vast sum to this school denied the giving, but said, If certain stock speculations of his turned out well, he would do something handsome for the school. And that was the basis for the milliondollar rumor. But what of the man, or men, who permitted so manifest a farce and libel upon a good homeopathic school to be published in the daily press? Who was it found the willing ear of a "yellow" reporter, and sought thus to hoist himself and his school into a noonday radiance on so flimsy a pretext? And what was the ultimate purpose? Now there is one homeopathic school in Chicago which finds its way into public print, every now and then, as the recipient of some good gift; but, when it does so appear, it can be accepted as genuine, for Dr. Shears will be found to stand back of it, and that is equal to two good and sufficient securities that the gift is genuine and has been covered into his college

No one in the college, or in Chicago, or elsewhere in the homeopathic profession, would have been more overjoyed than our individual and editorial self, had this million-dollar gift been a verity; and no one can exceed us in our disappointment, first, that the gift was not given; and, second, that any member of our profession should deem it necessary to descend to the yellow-journal level in order to gain a little of the passing pomp and circumstance of newspaper notoriety.

## ANOTHER CANCER CURE.

BUFFALO, N. Y., March 29.—"Cancer is caused by an animal parasite which we have identified and located in the New York State cancer laboratory," said Professor H. R. Gaylord of the University of Buffalo, who has charge of that laboratory, last night.

A peculiar feature about the parasite is the length of time required to develop a culture, and this, Professor Gaylord said, accounted for the failure to fully identify it before.

And there you are! Cancer is the result of animal parasites. Animal parasites are little dinguses like the cimex or the culex, or like fleas which have other fleas to bite 'em ad infinitum. All that now remains is to set our cunning brains to the constructing of little traps to catch these parasites, choke them, and feed them on the proper Rough on Rats, or Persian Insect Powder, and, lo! the cancer is dead. Very easy, that; as easy as lying, almost.

Was that the cause, the real cause, of that irruption in and eruption on the body medi-

and homeopathic of Buffalo, which the form of that Deadly of the American Institute of accusatory Homeopathy—or at least 569 members thereof for changing its mind and refusing to go this year to Niagara Falls to buy moccasins, and bead work, and Indian relics, and ride up in the high elevator, or sit on a bleak and barren rock, look pleasant, and have its picture "took" with the Falls background? Animal parasites are accountable for a good deal of temper, and ebullition of unscriptural language. Animal parasites have, in at least one historical instance, been known to drive a man to drink-or rather to take water. (Vide the legend of the Mouse Tower on the Rhine and Bishop Hatto. He had to take to the water; but the animal parasites could not be shaken off; and there being no scientific gent, from Buffalo with antitoxin about about that time, the historical bishop was destroved, and naught of him remains to this day, save the legend which is poured into the ear of the modern Pilgrims on the Rhine by the agents the Dampfschiffgesellschaft.) Had known, or even suspected, the presence of an animal parasite in Buffalo, we would have been more charitable in our recent and several remarks touching the moving spring in this spring-moving turbulence in that city. Truly, as the Germans say, If we knew all, we would forgive all.

We indulge the sincere hope, in the interest of science,—chemical-factory-made science. that when Professor Gaylord gets his cancer germ thoroughly well sequestrated and isolated, that he will brand him deep and unmistakably and regardless, so that the hopes of an expectant and long-suffering profession may not be again dashed to pieces, as with the Koch lymph, with the Klebs-Loeffler bacillus, with the gonococcus, and a number of the other hard-named and long-handled tribe. We know now full well that all Koch did for an animal-parasiteinfested humanity was to plunge the chemical-factory-made scientists into serum therapy, add two more years of highly ornamental studies to the medical college curriculum. and an ambulanceful of carpet-knight professors to the faculty. We know, all of us, that diphtheria has been found where no Klebs-Loeffler bacillus could be discovered; and that the said aforesaid Klebs-Loeffler was discovered where there was no trace of diphtheria. We all remember the instance of that adventuresome savant at Hamburg during the presence there of cholera, who in a spirit of ribaldry drank a teacupful of deadly cholera germs at one fell swoop and suffered no more from the deadly germs than if he had taken the same amount of the 29M. of psorinum.

The chemical gentlemen who present the medical profession with so many mare's nests for the Monday morning newspapers, would do well to take a course or two in medicine, and so get away from their materialistic notion that the human body . is but a machine composed of certain well-named and well-conned independent parts, any one or more whereof, if injured or destroyed, can be repaired or restored by any clever artisan who has assisted in the building of machines. These chemical-factory-made scientists would then cease prescribing for the individual what has been discovered to be logically good for an abstract quantity; that is, to treat one sick man as if all men were built over the same last in all his dimensions. But if this is something which even the mare's-nest-discovering professors cannot understand, how shall we expect the superstitious and easily affrighted laity to lay hold on it and so refrain from investing their rainy-day surplus in Lydia Pinkham and Pe-ru-na and Munson and High Potencies?

It seems never to enter the brain of these scientific professors that the human body is a complicated composite dating back into the remotest ages, when, according to other scientific gents., but not the chemical-factory-made scientists, men were hairy animals of a very low order of intelligence but of immense strength, possibly swinging from tree to tree in the forest primeval by their tails, and seeking for animal parasites with their behind legs and front teeth. And to suppose that our modern man—this latest edition bound in human calf, and composed of all the virtues and vices of all the countless ages—that this man can be repaired and restored with a serum Made in Germany, and controlled in monopoly in New York, or a chemical formula devised by the bookish professors, is an insult to ordinary intelligence, and the height of rot and drivel and modern science—chemical-factory-made science.

Man is born to die. No charge of pessimism need lie at our door for reminding him of his doom. It is a constant fact. It cannot be put aside for even a moment. And no one knows this better than the doctor. Yet note the avidity with which the average doctor swallows bait, hook, sinker, and pole, if the bait be but labeled "science."

That life may, by and through a variety of modern agencies, be shorn of some of its crudities here and there, and the individual life be extended beyond the scriptural threescore and ten is admitted; just as we admit the occasional appearance of a two-headed calf, or a six-fingered baby, or a high-potency surgeon with a technique. But a review of the age does not show, with all our boasted improvements in cleanliness and sanitation, with antiseptics and antitoxins,

with rubber gloves and liege-halle, that we have increased the average span of life, for the race, over that of our immediate ancestors. We know that our grandmothers and their mothers who shouldered the ax and felled the trees, and fired the bush, and labored with the best and most rugged of our grandfathers—we know that these mothers gave birth to fifteen or twenty children and, despite their unsanitary surroundings, their undietetic food, the absence of antitoxins and antiseptics and serum therapy, pix creosole and combination tablets, yet lived to be eighty and ninety years of age, and some still older. How many of the present generation, with all the comforts and conveniences, will touch seventy? Men who seem built for a century fail in the fifties. Women drop down and die in the forties. The average number of children born to a family of to-day is about two-of those who live in modern sanitary surroundings; while the other kind, those who know nothing of sanitation, not even of ordinary soap and water, spawn and drop their offspring with distressing regularity, which proves to be of the most robust, and who in time become the governors and controllers of men and states, and live to a green old age.

There have been consumption and cancer from time immemorial. There will be consumption and cancer to time immemorial. Just as there will be death down to the last man. The time comes to the oldest man when life ceases to be attractive; when even the frequent publication of his picture in the county weekly, with the dates when he first began to chew tobacco and drink rot-gut whisky; when his last thirty or forty years in the poorhouse has ceased to be any great incentive to live longer. When, in short, the old man, like an exhausted child, is tired and sleepy, and would be at rest. For, however much a part, here and there, may, in the evolution of the chemical-factory-made science be repaired and restored, the time must come, will come, when the machine will go all to pieces like the one-hoss shay. To inject into that failing and tired old man some wonderful rejuvenating fluid or tabloid, or an antitoxin to destroy the microbe of death,—which was discovered at Chicago,—and so prolong life indefinitely, is a dream worthy of Bulwer, or De Quincey, or Rider Haggard, or Marie Corelli. Our times and our education, our surroundings and our cleanliness, our more rational ways of living, have served to alleviate the pains of illness and assuage the pangs of impending dissolution. But that any invention or any discovery, or any series of inventions or discoveries, from the chemical-factory-made scientists, can destroy the germs of cancer, or of consumption, so that a race of people may sometime appear upon God's green footstool freed of these. is as improbable as it is that these chemical

gents., having discovered the cure for cancer and consumption,—these major evils of the race,—will thereafter far more easily discover and patent the means for uprooting and exterminating all the minor ailments of life, like measles and chilblains and whooping cough and love; and so, indeed, render mortal man immortal.

It has been one of the chiefest fallacies of the old school of medicine, and one now so eagerly espoused by the new crop of homeopaths (Limited), that man is a mere bit of machinery, delicate or gross, according to his progenitors; that all men are born equal (which is a polite fiction in every possible relation of life); that in order to treat one sick man, it is only necessary to treat him on the average; that is to say, treat him regardless of his individuality. Treat him as a skilled artisan would treat a watch or a hundred watches. If a man have consumption or cancer, treat him for cancer or consumption according to the formulæ of the chemists; send him a liege-halle, or Gaylord's cancer cure, and presto! the consumption or the cancer disappears. It is easy, dead easy, to cure people by rule, by theory, by pathology, by patent medicines, by chemistry, and by Ayer's Hair Invigorator almanac. This is, indeed, the Age of Serum

Therapy. Man is something a little better, and a little higher, than a mere animate machine infested with animal parasites. He cannot be treated successfully by chemical formulæ or vard-stick prescriptions. Even the grandest technique of the modern surgeon may fail, for the man may suffer from the inroads of an animal parasite in a part where the knife cannot be used—and we understand that there still remain a few such unexplored parts in the human economy. It is a weariness to the flesh to have the ears shot through every Monday morning with these newspaper stories of scientific discoveries for curing incurables and prolonging undesirable life. Chicago has furnished us with the microbe of death; then it sent us the liege-halle in the treatment of the Great White Plague; next it gave us that startling new discovery of the saturated saline solution; and now we hear of a Professor Gersunv—it is always and ever the professors who make these marvelous discoveries—the professors who do not mingle in professional duties and have nothing in common with the medical profession; who are theorists and book-makers and essay-writers-this Professor Gersuny injects a bit of medicated paraffine or vaseline into the hollow places under the skin and fills them up to plumpness and beauty and unwrinklesomeness forever. And, last but not least, we have this other Professor from Buffalo with his sequestrated germ of cancer; a man who, like

enough, is not a physician and wouldn't know a cancer from a case of ingrown toe-nail were he to meet the two arm in arm, like the Walrus and the Carpenter, on a pleasant day in June. The age has swung from crass superstition to the yet more crass materialism. When will ordinary sanity once more dominate the chemical-factory-made scientists?

### THE SILVER LINING TO A VERY DARK CLOUD.

An investigative genius somewhere has made the discovery that the fumes of sulphur are peculiarly obnoxious to the mosquito. This will undoubtedly prove very gratifying news to some of us who are uncertain as to our abode after we have shuffled off this mortal coil: for nowadays the mosquito has so many sins saddled upon him that he isn't considered desirable company anywhere, and there is much consolation in the reflection that in the sulphurous clime which may be our future habitation, we will be free from malarial fever, yellow fever, elephantiasis, and other mosquito-borne diseases—to say nothing of the pestiferous insect itself.

-The American Medical Monthly's editor has a left-handed, but apparently well-merited, "swipe" at Dr. Cushing of Springfield, Mass., for the latter's dogmatic statement touching the treatment of typhoid fever on the starvation method. As this method, alone, is objectionable enough, we leave that with our brother editor as cause for his "swipe." What we find to complain of is the treating of typhoid fever for forty years without a death! Dr. Cushing has had a way of appearing in print every now and then with some marvelous remedy, which his father and grandfather used upon their neighbors and friends, and always with uniform success. These things may all be true, for Dr. Cushing is an honorable man; but the overwhelming majority of physicians will not believe that a doctor can practice medicine forty years with the usual run of typhoid, and not lose a case. As we grow older, and the more, by jinks, we find out, we do not place so very great deal a reliance in unanimous cures, or in any unanimously successful remedies. Were we all built over the same last, then A-sugar would have the same effect upon all, and there would be no need for B-sugar. It is very wise to mix your remedies, "with brains, sir!"

# THE MEDICAL CIBRARY.

Orthopedic Surgery, By Charles B. Keetley, M. D.

We must take issue with the author in his advice that the treatment of congenital club foot should begin as soon as the child is born, if by that he means that any form of brace or bandage should be employed from that date. These feet and legs are imperfectly developed, and under the most favorable circumstances are likely to be smaller than normal. If they are to be subjected to the restrictions implied by mechanical treatment during the months when normal development is so important, irreparable injury is done thereby. As there is no natural means by which the foot can be held in a correct position, until the child is able to walk, the surgeon need not actively intervene until very near that time in the child's development. From birth the child's foot should receive treatment, however, by the nurse or mother. Manipulation by which the foot is daily or several times a day brought into an improved position, and by which circulation and nutrition are improved, should be employed. If it be assumed that the child will be able to walk at fifteen months, then there is ample time for the surgeon to have fully completed his task, if he apply his mechanical means of treatment for the first time when the child is about a year old.

In dealing with cases in older children and in the adult, we also take decided exception to the author's teaching. He is a strong advocate of radical measures by which whole bones or portions of bone are removed from the outer convex aspect of the deformed foot. The reviewer wishes to say, after a very considerable experience, that such radical operations are very seldom required; that in ninety per cent. of cases under forty years of age the deformity can be corrected in the most satisfactory manner, as to both form and function, without the removal of bone and without Phelps' open incision. While with aseptic precautions there need be no fear of this operation, yet without risk of successful confutation it may be asserted that where simpler means can successfully replace the foot, such radical measures as removal of the astragalus and cuboid, or the removal of a cuneiform section from the foot, or the free open incision by which structures are cut at the inner border of the foot. should not be employed.

His presentation of the subject of spinal deformity falls below the average level of the book, especially in that part of it referring to scoliosis. The author pins his faith very largely to the use of mechanical appliances, especially the plasterof-Paris and felt jackets. Old prejudices die hard, and while it is true that numerous surgeons still are found who believe that with the pelvis as a base, props can be carried upward twelve, fourteen, or sixteen inches, and can at that distance from the fulcrum exercise a lever power to hold the thorax in a corrected position, yet it must, for the credit of the mechanical perception of the profession, be said that they are rapidly giving up a position so untenable. His discussion of the work done in the gymnasium for the treatment of lateral curvature would imply that the efforts put forth are limited to the use of free gymnastics or nearly so. Such, however, should not be the case. Most powerful means may be employed to extend and straighten the spine in the use of suspension by the neck, while at the same time a lateral force varying from fifty to one hundred pounds is employed, so as to correct both the rotation and lateral deviation. The author very properly speaks of these cases as being of two varieties, those in which there is a fixed deformity and those in which the deformity is one of posture. All will admit the efficacy of training by the aid of gymnasium work in the latter class. It is possible in the former class, by the forcible means above named, to increase greatly the suppleness of the spine and to lessen in some cases the amount of rotation. As supplementing this employment of force, free gymnastics now have an important place.

## Short Practice of Gynecology.

Dr. Jellett's work contains much useful information put in an attractive way, but in certain places reproduces statements which have long since been called in question. Thus at page 21 the reader is told that heart disease produces menorrhagia. Gow has shown that it produces amenorrhœa. Some old theories reappear, such as that dysmenorrhea is caused by stenosis and by flexions. A writer who gives renewed currency to these views should produce or refer to a specimen of stenosis or of obstruction of the uterine canal by flexion. It is well known that such smallness of the os externum as to prevent the entry of a probe is seldom accompanied by pain in menstruation, and that stenosis of the os internum has never been shown to exist; every known specimen of a flexed uterus belonging to a woman young enough to menstruate and free from other disease shows no more obstruction in its canal than a bend in a river offers to its

current. On the other hand, the most marked dysmenorrhea, that to which Matthews Duncan tried to limit the term "dysmenorrhea," namely, spasmodic dysmenorrhea, is not mentioned.

Prolapse of the urethral mucous membrane is said to occur in middle-aged and elderly women. In the experience of many it is commonest in children, and very rare in middle life. No fewer than 56 pages are given to displacements of the uterus, Schultze's theories being accepted as facts. The statement is specifically made that anteflexion causes stenosis, although the contrary has been as thoroughly proved as any negative statement can be. The author gives no references to original sources of information. We complain not of this, because it is not usual in elementary works; but the pages are studded with German and American names in brackets. Thus we are told that the mucous membrane of the os externum becomes everted during coitus (Dührssen). How did Dührssen find this out? If he did not observe it, what is the value of his name in brackets? The book is up to date, for we find the treatment of acute metritis by superheated steam, as recommended by Sneguireff, is mentioned, but the author does not state what experience he has had of it. Pelvic cellulitis is dismissed in three pages, but the author's closing advice that after opening a cellulitic abscess in the abdominal wall, a counter-opening should be made in the vagina, in order to allow free drainage is open to criticism. The talent of clear exposition which the author shows makes us hope that in a future edition he may be able to appraise more correctly the value of the works he quotes. He will by so doing materially increase the value of his book.

## Life and Letters of Thomas Henry Huxley.

Huxley is known to his generation for the magnificent clearness and sanity of his views and the large range of his outlook. He not only had sympathies that were boundlessly broad, but a gift of expression and exposition both with tongue and pen. "If my opinion were to be taken," says Montaigne, "I should think the slow speaker would be more proper for the pulpit and the other for the bar." As we knew him Huxley was a deliberate and impressive speaker, and it is clear that he in the main occupied the pulpit, though at times he was an advocate, rather than a preacher. One of these latter occasions is dealt with at some length by his son in a ten-volume work just issued.

We refer to the celebrated meeting of the British Association at Oxford in 1860, the year after the publication of "The Origin of Species." It was held at that time by men of leading, if not of light, that Darwin's explanation of the cause

of evolution was, as Professor Lankester has aptly put it elsewhere, a "capricious and anti-theological assertion that men are descended from monkeys." This was the limited view of persons of real culture and education. At the long west room of the Museum, now occupied by the library, the evolutionists, the anti-evolutionists, and their supporters held forth on Saturday, June 30, in that year. The Bishop of Oxford "spoke for full half an hour with inimitable spirit, emptiness, and unfairness. . . . In a light, scoffing tone, florid and fluent, he assured us there was nothing in the idea of evolution; rock pigeons were what rock pigeons hadalwaysbeen. Then turning to his antagonist with a smiling insolence, he begged to know was it through his grandfather or his grandmother that he claimed his descent from a monkey?"

A great deal of obloquy has been heaped upon the bishop for his part in the proceedings of that historic day; no doubt he appealed to the ignorant prejudices of his hearers, who were naturally in those virtuous days of horsehair furniture gratified by such an attitude. But need we crow so very much? It strikes us forcibly that many worthy persons would arise in their might at the present day, and protest in a precisely similar fashion, if doctrines, which they thought impious because they could not understand them. were promulgated by a man of science and then denounced by a bishop. The personality of the bishop appears to us to be purely rhetorical and not to show any of the "insolence" which has been seen in it, and Professor Huxley's reply was fully as vigorous as the speech which preceded it. What chiefly is hard of understanding in these milder times is why tantæ animis cœlestibus iræ.

Huxley was fighting for freedom of opinion and deprecated authority. It is curious that in these latter days, when the positions of affairs are exactly reversed, the same old human love of authority should crop out in precisely the same way. Freedom of opinion then meant the right to hold more or less the Darwinian views on the origin of species. Nowadays it almost means the right of dissent from them. In presenting a Royal Society medal to Darwin the President of the Society of that day was carefully watched by Huxley, who suspected him of the intent to introduce some observation depreciatory of natural selection. The slighting remark was duly made, and that was, perhaps, the last flicker of the fierce flame that raged and attempted to destroy the natural explanations of the phenomena of Nature. Now the flame is precisely as vigorous, but it has been kindled by the then opposition, the school that in the "sixties" was fighting for freedom of thought.

Quite recently a book purporting to overthrow

some of the conclusions of Darwin and his adherents was published and was reviewed in savage terms because of its attempt to criticise the founder of modern zoölogical speculations. On the other hand, the most ridiculous assumptions, if they tend to support natural selection, are at once accepted and their authors more than occasionally lauded with surprising fulsomeness. We write as orthodox believers in the generally accepted teachings of evolution, but with some doubts upon details. And whatever may be the right way to clear up these doubts, which we share with many people, the wrong course is to stifle discussion. It is noteworthy that Professor Huxley did not commit himself to some of the more extravagant excrescences which have now appeared upon the very trunk of the Darwinian tree of knowledge.

One side of Huxley's character is admirably developed by his son in these volumes. Huxley was as delightful and whimsical in his private and family life as he was uncompromising in his

public life.

It will be consolatory to all our readers who have ever failed to obtain an appointment which they sought to learn that Huxley was for long most unfortunate in his attempts to secure a professorship. Three places refused him—viz., Cork, Aberdeen, and Toronto. The professors of that day in these universities cannot be congratulated upon their insight; however, after a lapse of fifty years or so, it is somewhat of an anachronism to be angry with the stupidity of one's forerunners.

#### Science and Faith.

Seldom can the title of a book have conveyed less information as to its contents than this by Dr. Paul Topinard, the distinguished anthropologist. He has devoted 359 pages to science, and one to faith, which he dismisses thus: "Science is knowledge; faith is belief; and the two

mutually exclude one another."

The book is devoted to an investigation of man as an animal; of the growth of the family and other forms of societies amongst animals; and finally to tracing up, so far as is possible, the evolution of the family and of societies in men, from their most primitive forms to those now manifested amongst the most highly civilized communities. With regard to animals it is shown that the degree of permanence of association of the male and female varies between wide limits, and shows little correspondence with lines of classification; and that the same thing is true of associations in larger numbers which sometimes rest upon a family basis, and sometimes have no such relation. The author's studies in anthropology lead him to certain ideas of very advanced liberalism, though he strongly dissents from the illogical position of the socialist. In these days of prevalent osteopathy and Christian (?) science (?) it is interesting to note what he says

upon the subject of the professions:

"When he (the individual) is obliged to apply to professions whose practice requires special knowledge and ability, of which he is not capable of being a judge, and which may have the gravest consequences, surely the State should come to his help and protect him against the consequences of his own ignorance. Such professions are those of medicine and pharmacy, of law, of navigation, and even of civil engineering and architecture. The practice of these professions must be sanctioned by certificates or diplomas, awarded, or at least attested by the State. Probably the day will come when the public will not be deluded by sensational advertising and charlatanism, but that day is still far distant."

#### Diabetes Mellitus.

Dr. Bertrand Dawson, in speaking of the pathology of this disease, draws attention to the fact, which has only comparatively recently been fully recognized, that in patients afflicted with diabetes mellitus the power of sugar destruction is less than in health. This should have an important bearing on treatment. Dr. Dawson also points out that the removal or retention of carbohydrates in a diabetic diet is a matter of moment and attended with disadvantages as well as advantages. The disadvantages are the difficulty of maintaining nutritive equilibrium and the ill effect on appetite and spirits of the patients of the withdrawal of some of the most cherished articles of food, especially bread. A large number of diabetics can take some carbohydrates greatly to their advantage, and the amount must be accurately ascertained by frequent examinations of the urine.

## Literary Motes.

—Jousset's Practice of Medicine, which those who have reviewed the manuscript so highly praise, is just issued.

—American Medicine—Gould's new journal is up to the best record of his former journals. It presents the appearance of a successful journalistic venture, both in its advertisements and its news. It has leaped in one bound to front rank. We congratulate his school of medicine on its appreciation of the worth of a fearless, brainy editor, who edits.

—Bertha Runkel's "Helmet of Navarre," but now completed as a serial in The Century Magazine, has been bound and appears upon our review table. As we said, frequently, during the "running" of this story, it is full of interesting incident, plot, counterplot, mines and schemes; and withal shows a most comprehensive knowledge of French history at a time when materials for a story of thic kind must have been difficult to secure. The story never, for an instant, loses its hold on the reader; it is not interwoven with maudlin philosophy and sky-blue psychology; it is a straight-out, well-told story, and pays for the reading. The mystery of the identity of the author still haunts us. But the story is good; and be the author who he or she may, there is no question of the value of the novel.

—The Phi Alpha Gamma Quarterly in its two issues lies before us, in evidence of the enterprise and extent of this rapidly increasing fraternal order among the medical colleges. From a desultory reading of a clever editorial in its first issue we learn that, for a century past, there have been Greek-letter fraternities in the classical colleges, but not until 1894 was there any thought given to the founding of similar societies in the distinctly professional colleges. At this later date the New York Homeopathic Medical College, by seven of its under-class men, met and formally launched the good ship Phi Alpha Gamma. From this has grown a large and enthusiastic fraternity, with eleven chapters located in the several medical-college cities—that in Cleveland being named the Zeta. The Quarterly is published in New York, with David B. Jewett, managing editor; Arthur H. Richardson, business manager; and Reuel Allan Benson, literary editor. The two numbers received are very creditable specimens of literary work and filled with interesting data.

—The American Monthly Review of Reviews is filled, as always, with the latest résumé of the world's happenings. It has a good word to say of that little fighting "devil" out Kansas wayto wit, Funston-who went after his meat, and got it. Perhaps if he had been properly tabascoed and quartered in the right end of a modern fighting ship—not as a gunner's mate—he might have written a fool-letter; or married a widow, and then announced himself for the Presidency; or given way to such frequent and nauscating osculatory exercises that an indulgent, but imperialistic, government, cognizant of his fighting merit, might have sent him out of the country to recover his mind. But as it happened, this Funston believed that war was waged against enemies, and that the quickest way to end the scrap was to destroy his opponent secundum

artem, or any old way, just so he was put out and stayed out for keeps. Though we have implicit faith in our Kansas boy, we open our morning paper (with its spring-medicine pictures and Senatorial indorsements) each day in fear lest his continued association with regular-army and college-trained soldiers may yet tumble our one military hero—this Funston— into some undreamt-of social disaster and so undo him.

—The new issue of the Homeopathic Directory for 1901—being the little red book published in London, giving the names and addresses of the homeopathic physicians on the other side of the ocean, and now also including Mexico and Canada—lies before us. The book is published, as formerly, by the Homeopathic Publishing Company, 12 Warwick Lane, Paternoster Row, E. C., London. In former editions there was added a line to the title-page, which, under the criticism which has been showered upon it, has disappeared from the present titlepage. This had reference to the authorship of the work. The present volume contains a prefatory note, in which it is suggested that the United States homeopathic physicians also take part in this work by printing their names in its pages; in that way making the little book an International Homeopathic Directory. view, however, of the great number of physicians on this side of the water the book would be materially enlarged, and thus it will become necessary to make a charge of one dollar per address, which will then entitle the physician to a copy of the Directory, direct from the publishers. We have already, in reveiwing former editions, spoken in terms of praise of this splendid little book, and we have nothing to take back in reviewing the present issue. And we say, additionally, that the addition of the American list will vastly enhance its value. But our English brethren are very conservative. They do not agree to do this additional work unless the American profession shows a decided inclination to assist. If you think well of this, send a postcard to the printing office at once.

—It is a self-evident fact that, if a woman be endowed with the power to prevent pregnancy, she will naturally gratify her passion, and naturally prevent pregnancy. For this reason no woman should ever be allowed to study or practice medicine, as it is placing her in an extremely dangerous position, alike from a personal, professional, and national standpoint. The truth of these statements is proven beyond doubt, by the fact that few, if any, practicing woman physicians ever become mothers.—G. N. Jack, M. D.

### THE OHIO SOCIETY AT COLUMBUS.

Upwards of 125 physicians of our school presented themselves at Columbus in annual session, —the thirty-seventh,—with Dr. J. W. Means of Troy, President. The Hotel Chittenden, with its numerous square towers and Moorish architecture, was the headquarters, and right well was the craft entertained in this famous hostelry. The meetings were held on the fourth floor, in the assembly hall. Among the men and women present were Drs. J. D. Buck, C. E. Walton, H. F. Biggar, J. C. Wood, R. B. Carter, Katharine Kurt, Florence Smith-White, Laura Brickley, A. B. Nelles, C. A. Schulze, W. A. Dewey, W. B. Hinsdale, H. E. Beebe, D. H. Beckwith, Carl Rust, T. T. Church, G. A. Haggart, W. B. Carpenter, H. D. Bishop, A. B. Schneider, J. Richey Horner, C. E. Lunger, W. A. Geohegan, M. P. Hunt, T. M. Stewart, S. J. D. Meade, W. E. Trego, Meader, Arndt, Paulder, Coffeen, Pulford, the two Houses, Maxwell. We all missed Parmalee in the discussions in gynecology and surgery. He can always be counted on for taking an enlivening part in the discussions. Drs. Baxter and Jones, and many others of the Cleveland members, failed to materialize. Dr. Coleman of the State Board of Registration and Examination was a guest of the society.

The routine of work was well observed; that is to say, every bureau announced in the programme showed up, though sometimes sparsely, and out of its regular order; but no bureau went by default. No unusually noteworthy papers were presented in any of these sections, though a number of good ones were scheduled. "Appendicitis," by Walton, of course set the discussers a-going, with the usual pros and cons. Diphtheria, however, was not mooted; so antitoxin and anti-antitoxin were not rushed to the footlights. "Lithopedion," by Dr. Roper, brought out some flint-and-steel discussions. Drs. A. B. Schneider and R. B. Carter had interesting articles, and both read well and distinctly—as Walton always does. Dr. Biggar's "Purpura Hemorrhagica" and Dr. Buck's "Magnetic Sense in Man" were also well received. On the evening between the two days' session Dr. Meader of Cincinnati gave a stereopticon exhibition of the lung in various stages of pneumonia, which proved to be an instructive bit of illustration. He was followed by Dr. Horner, who showed us the spinal column; and by Dr. G. W. Spencer with a photo, in original colors, of a form of skin dis-The President's address was also read on this evening.

A good deal of quiet work was done in the line of politics—for the American Institute; none for the Ohio State Society. Dr. T. M. Stewart of

Cincinnati was elected to the presidency of the State Society, without trumpet or drum. In fact the election of officers, in this society, is the most ordinary of humdrum affairs imaginable. The only contest was for the office of secretary, and resulted in the re-election of Dr. Nelles. Some trouble was occasioned by the early setting of the meeting on the first day. It was urged that, since almost all trains arriving from the ends of Ohio arrived about noontime, it would be better to have the first session after dinner and so give each geographical locality a chance to be present.

One noticeable feature of the closing sessions was the announcement by the incoming president that almost all of his bureau appointments were of the younger members. If these younger members will also adhere to the President's very evident intention, and fill their bureaus with young members and refrain from calling on the time-worn names, they will earn a special meed of gratitude from the profession. It becomes exceedingly tirecome to see the same names appear in the boreaus from year to year; the plaint that the younger men and women in the profession do not care to affiliate is a very present and very large one, and one based on good reasons. younger members are given no chance; the older members pre-empt the floor as well as the programme. It is to be especially deprecated that the college professors, when they own the programme or take the floor, cannot quite unlimber themselves of their college essays; and so treat the State Society like a body of under-graduates who do not know a cloud from a handsaw.

Another queer phase of obliquity to presented conditions is the persistence of some reader to present and read, to the last line on the last page, a paper of the deadly routine order, when but half a dozen, more or less, of the membership are present, and these only out of courtesy, or because they have no cigar, or have no other place to go ad interim.

But these are all things of the educated "touch" not taught in modern medical schools, and, hence, only to be learned from the editorial

of a carping, hypercritical critic.

The local physicians did what they could to add to the pleasantness of the occasion; being few in number, their efforts could not take on a very large compass, but what they did was well done. Columbus has the misfortune of being equidistant from everywhere, and, therefore, not of itself a very important center. For instance, in the way of newspapers, the people of the city seem to depend greatly upon Cleveland and Cincinnati for their morning papers. The local morning paper is not a very enterprising sheet, judging from the reports given our society. On the two days that we were in session the reports

consisted in copying the names off the printed

programme.

It was suggested that more enthusiastic attendance could be collected at the State capital if some form of banquet could be had; that instead of giving stereopticon views of the insides of dead people, something might be provided for the insides of living people. There is no wish to inflict the expense and detail of a banquet upon the local physicians; but doubtless the membership would bring with them an extra dollar for the privilege of stretching its enamel shoes under the mahogany in banquet form. In view of the fact that the headquarters of the Society was at this first-class hotel, it would seem that some arrangement could be entered into with the managers for a late dinner for the Society, instead of the usual supper. There is something very attractive about a banquet, with a speech or two from distinguished guests. Will the Columbus physicians kindly consider this and so help make the Society meetings a little less perfunctory?

The necrologist, Dr. D. H. Beckwith, announced that but one member of the Society had died, and this was the ever genial Dr. G. C. Mc-Dermott, whom we all remember and love. Many tributes of affection were voiced in behalf of the deceased member. Only four or five new members were elected. An effort was made to change the constitution so as to admit a practieing physician who had the L. P. degree from the State board; some opposition was manifested; the Committee to whom the matter was referred failed to report. The same action was taken on the Arsenization-matter sent to the Society from the Minnesota State Homeopathic Institute; no report from the committee. The minutes of the Society were corrected so that the Society meets in Columbus but four years more, in order to test the value of this central location for future meetings.

Taken as a whole, the meeting at Columbus was in striking contrast to that held at Sandusky. There was a better feeling among members and visitors. There seemed to be nothing on hairtrigger. The Cleveland and Cincinnati cohorts were there and behaved themselves. The colleges were not in evidence. There was gentlemanly conduct from beginning to end of the meeting. The B. & T. man from Pittsburg had a lay-out of books and things at the door; but there were no noisy demonstrations, there or elsewhere, to interfere with the dignity and quiet of the sessions. The Cleveland Homeopathic Recorder, issued by the Cleveland College, was generously circulated by its editor—and being a double number, containing pictures of ex-Professors Drs. J. C. Sanders and J. D. Buck, interwoven into the Cleveland College history, the giving away of the number to to Ohio physicians was

in a manner appropriate. The rotund and rubicund representative of Halsey Bros. and Medical Visitor showed up for a few moments on one day. The Medical Century, through its able editor, Dr. Dewey, was present and made its usual friends.

Some of the membership expressed the hope that the next session would be more extensively advertised and earlier action taken to arouse interest in Ohio towards new acquisitions in the way of new members.

May we all meet again next year in Columbus

—not one missing!

### THE AMERICAN INSTITUTE.

The Executive Committee desire to state as a final announcement that the programme submitted by the chairmen of the various committees indicates an exceptionally valuable series of papers and discussions for the forthcoming meeting.

The citizens of Richfield Springs have subscribed \$2,000 to entertain the Institute. The social features of this year's session will in conse-

quence be of unusual attractiveness.

The entertainments, which have all been arranged so as not to conflict with the work of the Institute, will make the week a particularly pleasant one.

At all the hotels every effort is to be made to make each member of the Institute a friend of Richfield. They look upon a convention of physicians as an opportuity to advertise the merits of their health resort rather than, as we are usually looked upon, the legitimate prey of the landlord.

The railroads have made the customary fareand-one-third rate for the round trip, and in addition have made special arrangements so that everyone desiring to attend the Pan-American Exposition at Buffalo may do so without forfeiting the special reduced rate. Through cars to Richfield will be put on, and special connections made by the Lackawanna Railroad, so that Richfield will prove easy to reach from all points.

Every Homeopathic physician, be he a member of the Institute or not, is invited to be present at this meeting. Our visitors will be as warmly welcomed as our members, and we promise to one and all a most profitable and enjoyable meeting.

A. B. NORTON, M. D.,

President.

<sup>—</sup>Dr. Dean T. Smith, of Jackson, has accepted the position of Professor of Surgery at the University of Michigan.

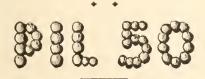
<sup>—</sup>Dr. J. Perry Seward announces his removal to No. 200 West Seventieth street, New York.

### TWO ESSENTIAL ITEMS.

First: That the way to reach Richfield Springs (N. Y.) from the West, and East, is by the Delaware, Lackawanna, & Western Railway. This road is first-class in every particular; its rates are reasonable, and its service up-to-date.

Second: That the Earlington at Richfield Springs is the hotel to which you should make application immediately for your rooms, in order to be with your friends and intimates. This is the hotel where the official headquarters of the Institute will be had; and where the chief work of our great national body will be done. The Earlington has its reputation for excellence of room and table established beyond a question. It is the chief hotel, and the membership should honor it with its presence. Apply immediately.

From the West take the Nickel-Plate Railway to Buffalo.



# After Surgery has Done Its Best.

A lad, æt. fourteen, an athlete, injured his right shoulder while a competitor at a pitching contest [says Dr. H. F. Biggar in North American Journal of Homeopathy]. This injury was followed by suppurative arthritis of this joint, suppurative synovitis of right knee, necrosis of right humerus and right tibia complicated with purulent effusion of right pleura, and with septic parotiditis of right gland. During a period of two months the patient had in all sixteen operations, under an anæsthetic, for osteotomy of humerus, tibia, and fibula and drainage of knee, besides having seventy-three abscesses opened. The right lung and pleura were involved, necessitating thoracic paracentesis. His illness extended over a period of several months. The patient was freely stimulated with whisky punch, large doses of quinine and strychnia, the sustaining treatment of the old school, also arsenicum and other remedies as were thought to be indicated. When the parotiditis was at its height the consultant, a very able oldschool surgeon, gave a very unfavorable prognosis, stating that "he never knew a case of septic parotiditis to recover, and sustained his decision by naming some of the leading surgeons in this country and England as authority for his opinion. He fully agreed with the treatment, and remarked that "that was all that could be done." In addition to this treatment lachesis 30x was given. For weeks the case was very desperate, but finally recovered. I think there can be no doubt that lachesis was the saving remedy. This patient lived in the neighboring town of Wellington, where for weeks I visited him almost every evening. Every morning I received a report by telegram of his condition.

At our club lunch the doctors had a round table especially for their service; at this coterie I was the only "irregular." The consultant was one at "our mess" and was interested in the daily reports, as well as the other doctors of "our set." The symptoms, pathology, and treatment were freely discussed, with the usual ending that "your patient will die, for none ever recover with septic parotiditis." When convalescence followed they were amazed; they knew that the patient had been treated according to their sustaining methods which

had heretofore been unsuccessful, and were surprised at the recovery of the patient. I then told them that, in addition to their approved treatment, lachesis had been added. Many were the witty sallies, pleasantries, gentle sarcasms and remarks, slightly tinged with ridicule, as to the efficacy of the "only two drops of lachesis ever secured" for all the future preparations of this remedy. Nevertheless the result proved the value of the remedy.

Here is another instance of a homeopathic cure after surgery had had its fullest innings, and cured by that derided and tabooed remedy of the homeopath, lachesis! It is splendid in showing one other thing, which might escape the attention of the desultory reader, namely, that this cure of lachesis was procured—not by an avowed materia medica man—but by a surgeon of the surgeons! For Dr. Biggar has been in surgery so long that there are very few of Cleveland's oldest and best citizens who can give the time when he did not stand first in that class. Now if this case had been cured with aconite or belladonna or nux vomica—some of these well-proven remedies that have some medicine in them-there would be something left to talk about. But to produce this marvelous cure with lachesis, the discredited, the outcast—that required a good deal of courage on the part of a homeopathic surgeon. It may also be noticed that Dr. Biggar did not try any surgery in the case, although his colleagues had considered it surgical from the first. No, Dr. Biggar had the honesty and courage to put his specialty behind him and work wholly in the realms of materia medica—and behold the result! How many more such results could be recorded for homeopathy's fame if our practitioners and surgeons were not so bent upon surgery as the "first aid" in all cases? this triumph may well be placed by the side of the T. F. and H. C. Allen trophies.

### Globules.

—Over 500 friends of the Boston University Medical School and members of the Hahnemannian Association attended an Æsculapian festival at Copley Hall on a recent afternoon and evening, given for the benefit of the \$1,000,000 fund which is to be raised for the extension of the work of the school. Owing to the tact and executive ability of Mrs. John P. Sutherland, wife of the Dean of the School, and her coworkers, the occasion proves a great success.

—Dr. A. B. Norton announces that he will be in his office until June 15 and on June 24 and 25; after that he will be in Europe until September 25. Dr. Munson, who has been associated with Dr. Norton for the last five years, will be in his office daily during his absence.

—Remember the Nickel Plate railway for reaching Buffalo, either as a stopping place to take in and admire the great Pan-American Exposition, or as a station for changing to go to Richfield Springs, N. Y., in attendance upon the American Institute of Homeopathy. We have traveled by this excellent road each year when it would take us to the Institute, and we have never yet regretted our selection. The rates are less than by other parallel roads; the accommodations are equal to the best; and the train personnel of the very best in the railway business. Try the Nickel Plate this year and see if we speak not truely.

—The sessions of the International Halmemannian Association will be held at "The Dufferin," on the Canadian shore of Niagara Falls, June 25. 26, and 27, 1901. The Association is not twenty-one years old. The officers—Drs. Erastus E. Case, President, and J. B. S. King, Secretary—desire to show the world that the infant of 1880 has developed into vigorous manhood, pure in practice, stalwart and brave in upholding his principles against all opposition; that in order to secure this result, and to make the report of the proceedings a valuable volume, every member is requested to contribute something—either an essay upon our philosophy, provings, or verifications of remedies; a report of some interesting cases cured, or, what is more essential, his presence at the sessions and readiness to discuss the papers presented. The hotel rates will be \$1.50 for lodging and breakfast, at the "Lafayette" and 50 cents each for other meals, at "The Dufferin," unless served on the balcony overlooking the Falls, at a small additional fee. The Pan-American Exposition, at Buffalo, will be in progress, thus making accommodations in great demand through all that neighborhood, and therefore points the necessity of securing rooms at once, which can be done through Vice President Dr. D. C. McLaren, 133 Maria Street, Ottawa, Canada, who has charge of the entertainment.

—The annual (1901) meeting of the Homeopath's Medical Society, State of Colorado, will be held at Canon City, Col., June 6, 7, and 8.

—The latest from the Antikamnia Co. is a postal card, picturing a convivialist (male, of course) the morning after, rag about his burning brow, examining a bottle of cooling stuff with the directions to take it twice daily on an empty stomach. Not being able to understand these peculiar directions, he substitutes Antikannia tablets which, irom former experience, he knows prove effective on any old kind of a stomach.

—If our Kansas City correspondent correctly reported Dr. C. E. Fisher's address, the latter was

almost guilty of plagiarism when he divided life into four principal sections—birth, marriage, death, and entrance upon the homeopathic profession. For it was on this line that the genial Walton built his acceptance-of-the-presidency speech at Atlantic City. Walton, however, had left out his marriage, and his attention was called thereto from the floor, when he gracefully and wittily accepted the amendment and embodied it in his original speech of acceptance.

—After death the patient's linen and bed clothing—such as sheets, pillow-slips, night-dresses, towels, etc.—should be placed in a tub and over them poured a pint (one-half a bottle) of Platt's chlorides and afterward sufficient boiling water to cover completely the contents. The tub should then be closely covered for two hours, when the clothes may be removed, rinsed, and washed in the usual way.

—Dr. Givens' Sanitarium, at Stamford, Conn., is pleasantly situated on a hill overlooking the City of Stamford and Long Island Sound, and is easy of access from New York and all New England States.

It is a well-known fact that certain climatic conditions are beneficial in certain nervous and mental disorders, and the invigorating (coast) air of this locality, charged with ozone, is a sedative in itself.

During the past year another cottage has been added and the recreation hall has been enlarged, thus improving upon the already excellent accommodations offered for patients desiring special treatment.

All modern means are employed for the treatment of nervous and mental disorders. A separate department is devoted to the treatment of drug habits.

—One of the most serviceable preparations before the medical profession to-day is Armour's Extract of Red Bone Marrow, a food product of the highest nutritive value. It is rich in marrow cells, nucleins, hemoglobin, and other blood-forming substances, and, if given well-diluted with cold still or carbonated waters, milk, or beer, is easily retained and readily assimilated. Such an article is, of course, indicated in all anæmic conditions. After surgical operations and loss of blood, from any cause, it is the remedy. Nothing more appropriate could be prescribed for children with marasmus, rachitis, and for those that grow too rapidly.

### The American Homeopathist.

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# The American Bomeopathist.

JUNE 15, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

### THE FRENCH TRANSACTIONS.

The appearance on our review table of the Transactions of the recently adjourned sessions of the International Homeopathic Congress at Paris recalls a time of exceeding heat, much noise, and great difficulties for all American patticipants in those congresses. For the Americans and those others of the attendants who were unfamiliar with the French, it was decidedly hard. And for the people of France and those other countries who did understand the language, the drum corps next door from the House Upside Down, and the brass band on the other side, made hearing a feat almost of legerdemain. When it was attempted to close the windows to deaden, in part, the noises from the musical adnexa, and the other noises of the Exposition,—for our readers may not remember that the Medical Congresses were held on the Fair grounds proper, then the intense heat became burdensome. And there you are—or were. The room in which the meetings of the Congress were held was a large hall, with higs ceilings, and very difficult to fill with the human voice. Still, if all the benches had been filled, perhaps the voice of a strenuous speaker might have reached from midway to the platform, where sat the officials of the Congress. Dr. Jousset, Sr., presided (Jousset is the author of an incomparable work on Practice; his portrait, through courtesy of Dr. Arschagouni, we present in this issue), while Dr. Richard Hughes and Dr. Léon Simon, and other of the minor officials, had place at the same long desk extending across one end of the room on a raised platform. A first view of the arrangement reminded an American of a tribunal of justice or a court room. We still think, however, if this hall could have been placed somewhere in the city proper, away from the noises and distractions of the Exposition, the meetings would have been more successful and better attended; this is, however, merely a reflection at this late day and can serve no good purpose, unless to call renewed attention to the recent escape of the American Institute of Homeopathy from an almost similar arrangement; for, to our mind, a meeting at Niagara Falls, during the holding of the Pan-American Exposition at Buffalo, would, in great part, have been a duplicate of the Paris Congress, so far as regards keeping the membership in attendance.

One of the peculiar things of this book which we have essaved to review in a general, running, conversational editorial, is the absence from its pages, except in the baldest and barest reference, of that man who, of all others, had been the prime mover in the making of a success of the French Congress: namely, Dr. François Cartier of Paris. This gentleman and brother has practically effaced himself. And yet everyone knows, who knows anything concerning the French Homeopathic Congress, that, but for the labors of Dr. François Cartier, there would have been a very sorry affair at Paris. Having once agreed that the Congress should be held in the Exposition grounds, it was no longer in Dr. Cartier's power to make changes which he doubtlessly saw were needed, in order to enhance the value to all members of the papers and discussions of that Congress. But long before the meeting actually materialized—months, nay, several years before the Congress had taken any form—it was Dr. Cartier's fine work which was shaping it into an actuality, from which the assembled nations would derive hope and advantage for their own future usefulness and in their own countries. Dr. Cartier (without seeking to depreciate the labors of any other gentleman in France or in conjunction with the Congress) was really the prime mover and marshal of the occasion. He began his labors, in reality, before he left London in 1896, when he was associated with the Hahnemann Tomb Commission. From that time on his work in that behalf was continuous and manifold; it was to his unremitting care and study and enterprise that the scattered relatives of the departed Halinemann were won over to the opening of that shamefully neglected grave in Montmartre and the resepulchering of the body in a new and more honored grave in the most famous cemetery of the world was made possible. And this, too, was brought about by the indefatigable Cartier—this securing of an advantageous site

in Père la Chaise, amid the distinguished men and women of the Old World whose names will not perish from the rolls of fame for many centuries to come. It is within our knowledge—in this Hahnemann entombment matter—that Dr. Cartier worked almost alone. His foreign associates from the different countries gave him scant help or none. It all devolved, as it most generally does, upon one man in the committee. Smith was to the Hahnemann monument at Washington.

We have permitted our feelings and our pen to digress thus far from the avowed intention to review the Transactions, in order to pay a merited tribute to an enthusiastic brother of the profession; and because, in one letter, written to our journal while we were abroad, some things were included which we now see might as well



DR. P. JOUSSET,

President of the International Congress, Paris, France.

And that man, as the sequel proved, was equal to the occasion; and his name will be associated with the re-entombment of Hahnemann, and all the labors that preceded it, so long as the beautiful marble tribute which stands upon the site of Hahnemann's newer burial shall continue a memorial to all after-coming homeopaths of the work done by Hahnemann and his faithful French disciples. Cartier was to the Hahnemann monument of Paris what our own Henry M.

and better have been left out. It would be difficult to mention the French homeopath as a class, without at once calling to mind one of its best representatives, Dr. François Cartier. And we take this equally public occasion to tender our regrets to our distinguished and indefatigable brother for anything said or written by us which may have tended to hurt him.

This book has been upon our table since the first week in February, an example of rare ex-

pedition both in the preparation and publication. Many of these papers, as with us, on this side of the Atlantic, have already appeared in current journals and the reading profession is, therefore, fully apprised of their value. The discussions are made in a temperate tone and well "blocked"; meaning thereby the reporting of what the discusser "said," without the usual redundant verbiage when impromptu remarks are indulged in. It is still our misfortune that our boarding-school French does not permit us to follow with ease and fluency the spoken speech, and but little better the printed line. From the discussions as translated to us at the time of their speaking, and as now "dug" out of the vernacular, we remember and know that homeopathy was sincerely and enthusiasiastically presented and discussed. These French and foreign brethren, as we have had former and frequent occasions to state. have a commendable fashion of regarding homeopathy as a system of medicine based upon an immutable law; one to be studied as and for itself; they are not—these foreign representatives -so much given over to the mechanical departments of medicine; still, no one reading these lines must jump to the conclusion that the mechanical departments are unknown; for every American, who has been abroad and attended the meetings of the homeopathic societies, or reads regularly after their journal-writers, soon sees that they are well trained in mechanics; for, in those countries, every medical man who has a medical diploma must have studied and been graduated from an allopathic college, and, therefore, equal in all that implies with his allopathic confrère. From this it follows that the adoption of homeopathy in a land where the system is laboring under a cloud is the result of conviction and conversion, and, therefore, these gentlemen are very earnest in their love for homeopathy, first and foremost, and not so rampant for the fruits of surgery which every allopath is as competent to enjoy as themselves. So that, when these homeopaths meet in congress anywhere—and it is the same in London—the meetings are given over to the homeopathic idea, which is well discussed. That surgery does have its devotees is apparent on even a desultory reading of the Transactions of any of these congresses, and a browsing in the foreign journals. But it is kept well in hand and is not always paraded as a pièce de résistance. In the Paris Congress we find that Dr. Biggar's paper on Brain Surgery leads in the department of Surgery, indeed there being but few other papers in this department. We had the pleasure to be present at this time, -our prolonged illness having deprived us of some of the attendance at the Congress,—and we noted with pleasure the pleasant way and the enthusiastic spirit in which the paper was discussed by the President of the Congress, by Dr. Léon Simon, and by others, then and there present. It was accorded Dr. Biggar to have his large charts in colors, accompanying the paper, exhibited during the reading; so that the matter was made doubly plain. The Americans had no complaint of attention, since out of forty-four authors and speakers at the Congress twenty-three were Americans.

The book before us is a volume of 550 pages and, from its size and the expedition of its printing and distribution, a lesson might be gathered for use in our American Institute. It is, however, a reproduction of the London idea, where perhaps it was not original. This consisted in printing the papers in advance of their presentation to the Congress, in such form as was intended for their ultimate appearance in the bound Transactions. Then, when the discussions were made, they were added to the volume and properly indexed for quick reference. Thus there remained but little to do for the Publication Committee, beyond binding the loose pages of the printed papers and adding a supplement containing the discussions. And the work was done.

Why could not this be adopted in similar form, or improved upon by the American Institute? True the homeopathic congresses do not concern themselves with the multitude of detail which now form so large a part of the Institute Transactions. Still, much of this detail is perfunctory, and could possibly be collected just as quickly and presented preceding the sessions of the Institute, if the ball were put in motion in good season. An issue or two of the Institute Transactions without the report of some of the committees would call attention to the dereliction of those committees, and either result in adding speed to their future labors, or to their being requested to give place to someone else. The rule adopted and insisted upon this year, by President Norton, that each paper must be in duplicate in the hands of the proper chairman, is looking in the direction of prompter work in the appearance of the Transactions. Another possible source of relief would be the publication of the American Institute Transactions, as now published, only once in three or five years; that is to say, let the statistical part remain unchanged from year to year, or only appear once in five years, and give the pages to the discussion of homeopathy. It is a question whether the price of the printing and binding, plus the annual growling at the General Secretary because of the necessary lateness of their appearance, really justifies the Institute in these detailed publications. That there are a few members of the Institute who care for and perhaps need these statistical tables goes without much saving; but

that the great majority care naught for them is equally true. Or, if the statistical detail is of sufficient importance to warrant annual publication, why not put it in a separate volume? The present competent General Secretary is to be commended for his excellent work in condensing the labors of the Institute within such small compass, and yet keeping the interest and information constantly before the membership. No one knows, who has not been in his shoes, or very near them, the infinite detail and worry which is put upon that officer to keep a large membership from jumping the track. And one committeeman, or one author of a paper, or one discusser, can so delay and derail the printing and publication that the whole is injured We believe that the English and French form of preparing and printing their papers in advance of the Congress presents a possible solution for our overburdened Institute Transactions.

We congratulate our French brethren, one and all, upon their excellent volume of the Transactions. It is well done, well arranged, and easily accessible. Dr. Léon Simon, the General Secretary, has done his part of the work in good style; for, after all, the Secretary of a body, as the Hahnemannian Monthly recently pointed out, is very much the impersonation of that society. The President is much in evidence during the meetings; but the Secretary caries the society in his portfolio during and after the conferences. It is to him that all thanks are due for perpetuating the remembrances of the meetings. And it is his work which will be on our shelves years after we have forgotten who presided at those

We have a pleasant recollection of both Drs. Cartier and Simon. Both of these industrious and enthusiastic Frenchmen spoke English fluently, and it was, therefore, through them that we had our chiefest enjoyment of the work of the Congress. The unveiling of the beautiful monument with its bronze bust of Hahnemann, on that beautiful morning in Père la Chaise, was followed that night by a banquet in which nationalities were forgotten. All were brethren of one world, and professors of one system of medi-The tongues changed occasionally, but everybody knew that the speech was in honor of the occasion and a tribute to Hahnemann and his later brethren. The official services, as we have before remarked, were marred by unfortunate surroundings, and for which our French brethren could not be held accountable; but the Congress itself, the members thereof, separated to their several distant homes with a feeling that it had been pleasant to meet together and discuss privately, as well as publicly, the life-saving theme for which we are all banded together.

### Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. (See issues of January 1st or December 15th each year.)

### Sabadilla Characteristics.

B. H. Lawson, M. D., 15 says:

Anxious restlessness.

Vertigo, obscuration of sight.

Aching vertex, pressure in r. temple.

Stupefying, oppressive, tensive pain in fore-head.

Stinging, burning, itching of the scalp.

Bleeding from nose.

Throat sore, when swallowing.

Obliged to swallow constantly, pain as if something had lodged in behind larynx, scraping, dryness.

Constrictive sensation, deep in throat.

Aversion to food—no appetite—thirst, for cold water. Desire for sweets.

Nausea and desire to vomit, spits up water all the time.

Sight of boiled food causes desire to vomit.

Aggravated 4 to 8 P. M.

Cough aggravated as soon as he lies down.

[Farrington says, "Sabadilla is useful in influenza. There are violent spasmodic sneezing and lachrymation on going into the open air; the throat also is affected, giving you a perfect picture of tonsilitis. The difficulty begins on the left side, and extends to the right; the pain is worse on empty swallowing. Sometimes there is a sensation as of a thread or a string in the throat, or else a sense of constriction in the throat, as if it was tied with a string.]

### Geranium Maculatum in Hemorrhages.

Gomez <sup>38</sup> considers that geranium maculatum is without a peer in the treatment of internal or external hemorrhage. One dram of the fluid extract, exhibited every hour, will control hemoptysis, and prevent its return if continued in smaller dosage for two or three days. Twenty minims of the fluid extract, four times a day, has been of considerable advantage in the management of renal or intestinal hemorrhage. Both epistaxis and metrorrhagia can be controlled with cotton pledgets dipped in a mixture of one part of fluid extract to three of water.

Geranium maculatum has also proven of advantage in purpura, hemophilia, chronic diarrhea, typhoid fever, cholera infantum, etc.

[Ellinwood, referring to this remedy, believes that it is indicated when there are relaxed,

atonic, or enfeebled membranes, in the absence of inflammatory action; debilitated conditions remaining after inflammation has subsided; excessive discharges of mucus, serum, or blood with these conditions.]

### Strophanthus.20

Beware of strophanthus in doses as large as five drops of the tincture in respiratory troubles, renal, hyperæmia, or chronic nephritis. It will stimulate the heart and kidneys, but is followed by a dangerous reaction, requiring to be followed for a long while by phos., strychnia, etc. In respiratory disease such large doses have hastened the catastrophe they sought to avert. Potencies or doses of one-eighth drop of the tincture have worked better.

Give strophanthus in small doses (not below I) in cases of weak heart from tea, tobacco, alcohol, and other stimulants, or rheumatism. Additional indications are sensation of weakness or as if the heart were enlarged—very little pain; scanty urine, often containing albumin or casts; dropsy, especially of the legs; impaired vision; pupils vary; sharp temporal pains; flushed face; may be nausea, vomiting, pulmonary cedema, or even convulsions.

### Veratrum Album in Cholera Morbus.

Dr. Ch. H. Evans 3 says:

The average severe case of cholera morbus is successfully met more frequently with veratrum album than by other remedies, and this statement is based upon the personal experience of the writer in such cases, extending through many years.

This term is not to be understood as inclusive of gastro-enteric catarrh arising from various causes, and often called "bilious attack," but a choleraic disease during the summer season, and attacking children or adults without previous warning. In such instances vomiting and purging not only alternate but may be simultaneous, and after the first few evacuations have taken place have very little color. The discharges are watery, pass almost without effort, and may flow from the rectum involuntarily when any movement is made by the body.

Exhaustion is profound, every particle of strength seeming to have departed. The forehead, face, hands, feet, and the lower arms and legs become covered with a corpselike sweat. Intensely severe cramping pains occur in the flexor muscles of the various divisions of the arms and legs. The features are more or less sunken and cold, and the examining finger discovers the tongue and mouth to be quite cool.

Such a condition of the patient is quite serious, but the white hellebore has the power to relieve it. The writer has always found it best to administer the drug in the form of a watery solution, disregarding the slight gastric irritation which it may or may not induce, retching being more apt to be due to the continuance of the disease. Moreover, a teaspoonful dose cannot be entirely vomited, as the greater part of it has been absorbed before it can reach the stomach, and frequent dosage will soon produce the curative effect of this remedy. The thirtieth dilution accomplishes all that can be desired, and may be given in five- or ten-minute doses.

#### Worms.

Apropos of Dr. Gardiner's treatment of worms, Dr. Hasbrouck of Dobbs Ferry, N. Y., calls attention to Teste's prescription in "Diseases of Children":

"Three medicines are required to cure the affection which generates the ascarides. They are lycopodium, veratum alba, and ipecacuanha.

"The first should be administered for two days only, at the 30th dilution; three dessertspoonfuls, or three teaspoonfuls (according to the age of the patient) of a potion in which have been dissolved seven or eight globules to four ounces of vehicle."

Veratrum alba may be prescribed in the same manner (at from the 15th to the 18th dilution) during the four following days.

"Lastly, ipecac. should succeed to veratrum, at the 9th dilution, for three or four days at most, and all will be finished."

"I have applied this prescription for thirty years past, and can vouch for its efficacy. There will not be any more itching by the time lycopodium is finished."

#### Arsenicum.

C. D. Collins, M. D.,3 believes that arsenicum is no more a "cure-all" for skin diseases than bryonia is for rheumatism, and this valuable remedy is too often expected to cure a case simply because it is known in a general way to be a good remedy for eczema. As a matter of fact, arsenicum only covers a comparatively narrow sphere of skin symptoms, and these lie mostly in the following characteristics, viz.: Arsenicum acts first of all upon the cerebro-spinal nervous system in an irritating way, soon to be followed by a paralytic effect; especially is this true of the gray matter of the spinal cord in vasomotor paralysis. On account of this depressing effect on the nervous system, the circulatory system is likewise depressed and retarded, and it is here

that we get our first hint as to the remedy, from the appearance of the skin. The skin of the arsenicum patient is white, pale, waxy with ecchymosed-looking spots; pale blue skin, with blue lips and blue nails, with a tendency to ordema. This speaks of a venous stasis, and directly points you back again to a weakened circulation.

The next consequence will be a dry skin, an inactive skin, a skin that is deficient in its nutritions. Let us reason further: A skin that is defective in its nutrition must necessarily tend toward necrosis, therefore we see the arsenicum patient constantly throwing off quantities of dry epithelial scales, which is a mild process of necrosis of the skin. Nor does this process limit itself here, for necrosis of tissue may also occur, and is beautifully told by the language of the materia medicist, thus: Gangrenous ulcerations, with blue margins and foul discharges, purulent and fetid discharges.

Acne vulgaris in people of a lowered vitality with many comedones and pustules, again showing the sluggish nature of the cases covered by arsenic; cedema about the eyes and purplish zones about the acne papules point to a vasomotor paralysis. Therefore arsenic is more often useful in the chronic, the latent, dry, indolent, and scaly stages of disease than in the acute, in-

flammatory, moist, or bullous.

The diseases in which arsenicum is most often called for are chronic dry eczema, subacute acne, seborrhea sicca, ichthyosis, varicosis, and psoriasis.

### Sulphur at the Menopause.

"When this remedy is indicated, the individual is apt to present certain physical peculiarities, old landmarks as it were, so familiar to you all that I would not recall them were it not for the fact that they go to make up the picture which I wish to focus upon your mind's eye. We are told that the constitutional bias under sulphur is the keynote to the remedy. An old student of materia medica is generally able to prescribe sulphur without putting a single interrogation to his patient. He notes the stooping shoulders, the narrow chest, the dirty hue of the skin, where the marks of past eruptions are still apparent to practiced observation, the temperament of the patient as indicated in facial expression, carriage, movement, voice—all bear their quota of significance.

"The woman is sure to complain of headache, usually a vertex pain. She will tell you of her burning feet, her smothering spells, and the tormenting hot flashes indicative of the general vasomotor disturbance that is so often a morbid accompaniment of this period. She will com-

plain of intense itching and burning in the vulva; any leucorrhœal discharge that she may have will be acrid and excoriating. If she suffers from metrorrhagia, the flow will be thick and black and markedly intermittent, like creosote. Her appetite is variable; on rising in the morning she feels no desire to eat, but grows faint and hungry around 11 A. M., and must then satisfy her craving, or she knows she will succumb. She is irritable in mood, exacting and imperious, a difficult person to live with, disposed to overestimate her own importance—similar to platina in this respect, though under platina the exalted state of mind has more of the strictly personal in Sulphur magnifies the attractiveness of her belongings. She has fantastic illusions; old rags appear to her fancy like rich garments.

### A PULSATILLA COUGH.\*

By Andrew M. Neatby, M. D.

On the 18th of June, 1896, I saw Mrs. G., aged fifty-nine. She was never strong, but had fair health till about a month previously, when she caught a cold and began to cough. When I first saw her she was suffering from a most severe convulsive cough. The paroxysms were very prolonged and accompanied by suffusion of the face and lachrymation. There was thick vellow expectoration coming up in chunks, and rather looser than it had been. The cough was provoked by tickling about the level of the larvnx, a little to the left of the middle line. There was no account of aggravation at any particular time of the day, but it was observed that coughing was provoked by eating anything dry. She could not lie down properly at night, owing to a choking sensation which was produced by assuming the recumbent posture. There was severe dyspnœa. She frequently suffered from headache affecting the forehead, the pain being compared to a heavy pressure. Her appetite was never good. She had formerly suffered from diarrhea, but had had less of that trouble latterly. There was pain in the back after food. She complained of frequently feeling faint. There was some tendency to anæsthesia of the left hand and also occasional attacks of cramp. Her sleep was much broken. There was considerable difficulty in getting to sleep, and she was unable to sleep for long at a time.

The above description of the cough is the best I am able to give, and is accurate so far as it goes, but is quite inadequate. I have hardly ever witnessed paroxysms so severe. Pulsa-

tilla 3; ter.

\* Homeopathic Review.

June 22.—Less cough and dyspnœa. Less headache and faintness. Has slept much better

the last two nights. Cont.

June 26.—Very marked improvement in the cough, but has considerable pain in the back. Improvement in sleep continues. Less dyspnæa. Cont.

July 2.—Improvement maintained. Rep.

July 6.—The convulsive cough entirely gone, nothing remaining except slight and easy expectoration. I gave hepar 30. A few days later there was a slight relapse, which yielded to pulsatilla 30.

### AFTER OFFICE HOURS WITH DR. MIXEM.

By LYNN CONN, M. D.\*

I am a physician living in the city, and my name is Mixem—Alphonse Mixem—Dr. Alphonse Mixem. You doubtless have seen my name on the door in passing. A good many people pass my door; my wife suggests too many, but occasionally one drops out of the throng and rings my bell. Indeed, for a man of my age, I have succeeded in building up quite a practice—not too large nor too lucrative, but enough to afford a small carriage, a boy to answer the bell, a few magazines a year and credit at the butcher's.

I am not a specialist. I take what comes—all diseases, from headaches to moist gangrene, and all subjects, from the marasmic infant to the senile old man. I still treat lung fever and earache, chills and biliousness, and I still firmly believe in growing pains and cramp colic. I also firmly believe that a broken leg can be set, a fever can be broken, and a person can have a cold. I give quinine and calomel and bismuth, and am, in general, loose, unscientific and oldfashioned—at least so I have been told, and in public, but I'll come to that presently. In this particular I have a confession to make. I never heard a sibilant râle nor a musical heart. Nor did I ever make a diagnosis of perihepatitis or internal pachymeningitis. I have a great respect for a medical man who aspirates the lateral ventricles of the brain, but I never did it myself. Nor did I ever remove a cancerous larvux and substitute in its place an Æolian harp. My sins of omission are many, and I am way behind the times—at least, so I've been told. My cancer cases all die, and I have poor luck with consumption. I am strong on measles, typhoid fever, teething, and tapeworm, but my cases of leg ulcer and chronic rhematism give me a good deal of trouble.

\* From Cincinnati Lancet-Clinic.

I am a good deal like other doctors, externally and otherwise. I wear a full beard, a silk hat, and a bald head. I am short and stout, wear plain clothes, keep my boots blacked, pay my rent, go to church, and am in general a pretty commonplace character. I don't swear, don't belong to any secret societies, and don't chew tobacco, and still I'm called "Doc." But that is not what I started out to tell you about. However, come to think it over, I allow my friends and patients who want to, to call me ' My brother-in-law always did call me " Doc.' "Doc," from the time I first began to call upon his sister. As I never drank, upon invitation or otherwise, he began by calling me "Dry Dock." At that time my wife to be won my complete heart by coming to my rescue (which she has been doing ever since) by asserting that the appellation was not entirely inappropriate, since a dry dock was the first consideration in certain forms of repairs. She had not been a doctor's wife for twenty years then, or she would not have made that remark; but my rectal work speaks for itself.

As I started out to say, I take a few medical journals and pay for them in advance, but it's pretty hard to keep up with the times, and I don't read them all, or rather don't read all of them. When there's anything in them about the treatment of typhoid fever or pneumonia, or how to tell diphtheria from thrush or tonsillitis, I read it, and sometimes I read it twice. I tell you the first thing I do when I am called to a typhoid case is to give a good full dose of calomel and follow it up the second day with—but my wife tells me to scratch this out and hurry

up with my story.

As I say, I read some of the journals and enjoy them. There was a good article not long ago by a country doctor—I'd like to meet that man—about scarlet fever, and I enjoyed it, I can say. I thoroughly enjoyed it. But when it comes to wading through "Purulent Necrotic Mediastinitis," or "Protozoa in Chronic Endometritis," I draw the line. I believe in science going ahead and larruping up all these germs and micro-organisms; round them up, corral them in and brand them, but in Galen's name do give us bald-headed doctors something, once in a while, for our brain-fever cases.

Now, what I started to tell you about is our medical society. I have been a member for twenty years, and have always paid my dues regularly. I never but once got more than one notice from the treasurer, and that was when I was up in the country visiting my wife's relations. When he sent me the second notice he wrote a line or two with it: "You old fox, after paying your dues for eight years you can't quit now. You ought to have the habit well formed

by this time. You can't be mad because I haven't asked you to read a paper, because I've been at you for that for eight years. But you'd better give us one anyway." Well, that was, let me see, twelve years ago, and when I got back I explained things to him and agreed to write a paper. And so, after several night sweats and a good deal of hectic, I got up a paper on the "Treatment of Malaria" and read it to them.

I never was a very fluent writer. We did have one fellow in our class at college who was gifted in that line. He certainly was. Within six months after graduation he had reported six cases of lichen ruber planus and eighteen cases of goiter, and had seen Raynaud's disease, and congenital dislocation of the hip, besides writing a monograph on "Pain, Pleasure, and Æsthetics." But he was poor and ambitious at that time; now he aint so ambitious, and I believe he's running some sanitarium for the mor-

phine habit somewhere or other.

Well, I read the paper, and they all seemed to like it, and I was right pleased myself. Even old Dr. McPhee liked it, barring my doses of quinine, which he said were too large, and if old Dr. Mcl'hee liked it, nobody else had much to say. Dr. McPhee was a gifted old man, and there were never any dull moments when he got on his feet. He rode a good many hobbies, and rode them like an old knight in the lists, with plenty of fight behind his armor. He had a great gift of language of a certain sort, and plenty of warm adjectives, that always got down to the medulla and stimulated all of the centers. After a paper the president generally looked to old Dr. McPhee to open the discussion. When he kept his seat the members began to sneak away one by one, for they knew then that there wouldn't be any fun that evening. But, as a rule, the old man was ready, being unwilling to disappoint expectations, and the membership dues were paid pretty cheerfully while he was alive. How I wish he'd been with me the other

Well, after he died I didn't attend so regularly for a good many years. But lately, when they began to urge me for a paper again, I thought I would give them one, and that's what I started in to tell you about. You see, I'd been paying my dues for twenty years, and felt sort of entitled to their time, and then, again, I had added twelve years to my experience, and felt that perhaps I was qualified at last to give them a paper on "Malaria." So I hunted up my old paper and furbished it up a little, and cut down the dose of quinine a little, and kept my patients in bed and fed them up, and added a few cases from the last twelve years, and revised the part on the spleen, and wound up with a peroration on the Asiatic pill. And in time I had a very

creditable paper, so I thought. My sister, living with us, thought it was fine. My wife thought that I would be made a Fellow of some society or other, or decorated, and my brother-in-law, also living with us, insisted on going along to hear me read it. But, dear me, if—but I'm getting to it fast now.

Well, we started out after supper and reached the hall early, and I had my brother-in-law stand in the back of the hall while I tried my voice, and we were in general prepared. When the president opened the meeting there was quite an attendance; the old stand-bys and the new women in the front seats, and the young men from Europe in the back seats and lined along the wall. I might have known when I started that there was mischief in those young men's eyes, but, not having second sense or my

ophthalmoscope, I overlooked it.

Well, the meeting opened and the secretary read some very short minutes, and the president introduced me, and I read my paper. I thought I was doing pretty well, although the secretary snapped his watch pretty frequently, which, from a salaried officer, I thought in pretty poor taste, and old Dr. Burbridge yawned once or twice and stretched himself; and brother-in-law said the president gulped a little over the Asiatic pill. Still, I finished, and the society thanked me for the paper, and if we'd gone home just then I wouldn't have had occasion to rush into print.

But the discussion was opened by Dr. Jones, of the hospital staff, and he started the ball to rolling. He is a delicate little man, with a curl on his forehead, nice white linen and diamonds, and a lisp. Still, he's an energetic little man, with lots of push, and, some say, considerable of a pull. He started each sentence very slowly, and then his words gathered momentum, so to speak, like a sled going down a hill, so that he

brought up with a rush at the end.

"We-have-been-greatly interested-this evening by—this most charming and—instructive paper of Dr. Mixem's-charming, indeed," and so forth and so on. But he was surprised that the results were not better; that good results could not be obtained in private practice. That it was the duty of private physicians to send these cases to the hospital. That it was the duty of physicians to get together, if necessary, and secure appropriate legislation to compel outside physicians to put these cases under hospital treatment. Human life was sacred. The first chill outside of an institution was an accident, the second should be made a felony. That in time, a physician in private practice who treated these cases would be regarded as a criminal—a receiver of stolen misery.

Well, at last he sat down, and that long-haired Dr. Pleasant vivaciously arose. He had a little

original work, he said gayly, which was to revolutionize clinical diagnosis. He thanked Dr. Mixem for this opportunity. Dr. Mixem would look back upon this evening with great satisfaction, as, thanks to Dr. Pleasant, it had inaugurated a new era. He brought with him a large number of photographs, which he desired to show to the members. They depicted patients suffering from intermittent fever of the quotidian form, those with tertian chills, and those ravaged by the quartan variety, showing pathognomonic attitudes of the three different varieties. Thus a man who looked as though he had sat down upon a tack represented the quotidian variety, a gentleman suffering from tight boots the tertian, etc. By the attitude alone one could determine the variety of the disease, and he mentioned cases in which he had done so, greatly to the wonder and admiration of his students, although a student near me told me in a whisper that he had mistaken an old man who had swallowed a chew of tobacco accidentally for a victim of the mixed type, as he had delineated a sort of composite picture of the whole.

Then the skin man, Dr. Schnappsbeistrafer, occupied the floor. In a sort of comminuted English he expressed his grievance. Dr. Pleasant's work was remarkable, but it had been antedated by his own by two months, although in a different line. He had shown that the malarial cachexia produced different discolorations of the skin in the different varieties. Thus the quotidian form disclosed small mottled macules, with pearlish-gray peripheries, fading away into the adjacent healthy skin. pearlish-gray outlines marked the tertian form, and more pearlish-gray the quartan. In doubtful cases a trained eye was necessary for differentiation, but there was where the city doctor had the advantage, and in a casual way he mentioned his office hours and sat down.

Then the surgeon, Dr. Parkhill, made a few remarks. No sign was of any value but an enlarged spleen. What was the cause of splenic hypertrophy? Malaria? Nonsense! What was the cause of malaria? An enlarged spleen? No doubt about it. Prophylaxis? Removal. A mere tyro could see it. The spleen! Bah! Its physiology? Nothing. Pathology? Everything. Its morale? Anarchistic. Take it out, and stop for the vermiform appendix on the way out.

Then little Dr. Goggelbosser reported a case of divergent strabismus, with both eyes pointed obliquely up to heaven—to two heavens, in fact. The patient had malaria. The explanation was long in doubt until he, by happy inspiration, investigated the large branch of the ophthalmic artery in the outer wall of the eye, and had found

the chorio-capillaris loaded down with pigment granules, whick by their weight, had caused the tilting and obliquity of the globe.

But this was only a beginning. A young man in a tall collar, just home from Europe, wanted to ask Dr. Mixem a question. "Have you examined the blood in all your cases, Dr. Mixem? And if so, do you aspirate it from the spleen?" I responded that I had not. "Great Heavens!" he exclaimed aghast, "you may have been treating sunstroke all this time and not have known it," and sat down suddenly.

Another young man wanted to know if I preferred the aurantia-indulin method to the methylene blue, and then I saw that I was in for it.

Still another wanted to know how I differentiated the alpha from the beta forms of eosinophyllic cells, and talked a long time about Errlick and O-ber-meyer, and some Italians, and asked particularly what I thought about the segmentation of Golgi. It was of particular interest to him what I thought of the segmentation of Golgi.

And then old Dr. Smith's boy, Geo. W., got up and drove in the gaff. He asked in the most innocent way if I thought I had done my duty to the profession in reporting cases without the confirmation of an oil-immersion or a revolving What would Osler and Lavvy-ran (Laveran) and those two Italians say? They would turn in their graves. What would Yoksh (Jaksch) say? And he pronounced Yoksh in a low disagreeable, hissing way, with his teeth closely set. What would Mr. Fly-shell (Fleischl) say? with another vulgar disturbing hiss. What was hemoglobin for if we didn't measure it? What were blood-corpuscles for if we didn't count them? (All the young men applauded this.) What were pigment granules for if we couldn't see them? What object was it for a corpuscle to break up and tumble down if it was not to instruct the profession?

And last but not least, little Dr. Flynn wanted to ask the essayist why he had ignored the X-rays.

Well, the president sort of looked for me to say something when they had all finished, although I was hardly in the humor for it, and so I got up. I assured the society that I thought I had been reporting cases of malaria, but I acknowledged my mistake; that these cases I had been treating all these years for malaria, I saw now, had been in part cases of deforming arthritis, and the rest spina bifida. I assured the members that I did not know what Mr. Yoksh or Mr. Fly-shell or the Italian gentlemen would say, but, as I did not understand their language, they could be as open and candid as they chose. That the foreign gentlemen might turn in their graves if they wanted to,

but that Dr. Osler would not for a while vet. As to the fulfillment of duty, my duty was first to my patients and then to the profession. I told the young man from Golgotha that I differentiated the beta from the alpha forms, as one lived in Dan and the other in Beersheba. I acknowledged splenic surgery to be a vast field, but for one preferred an occasional chill to a rigor mortis. I advised Dr. Pleasant and Dr. Schnappsbeistrafer to get together and bury the hatchet by photographing in colors, and thus combine both methods. And I assured Dr. Jones that his unselfish remarks were worthy of him, and would have the tendency of getting doctors together—by the ears. I advised him to go up and sit on the hospital steps and wait for the rest of us to hurry home to send our patients there. I confessed that I anticipated some reproaches for not employing the X-rays, but that the X raise I was chiefly interested in was the ten-dollar bill. And then I wound up with another brief peroration on the Asiatic pill, and got out as soon as possible. Brother-in-law wasn't quite so nimble, and reported that the society was kind of dazed when it broke up, and that he heard the young man in the tall collar remark to George Washington Smith, in going out, that they got action for their money that time, and Geo. W. responded: "Yes; a game old boy, wasn't he? "

### ON TO RICHFIELD SPRINGS!

In order to reach the American Institute of Homeopathy, this year at Richfield Springs, N. Y., take the Nickel Plate Railway from any point between Chicago and Buffalo, and if farther west or south of Chicago, see that your tickets read via this popular railway. From Buffalo take the Delaware, Lackawanna, and Western Railway, which carries you to Richfield with one change of cars. Arrangements have been made for a stop-over privilege at Buffalo to visit the Pan-American (which we recommend each Institute visitor to do) for the small sum of one dollar. This railway is noted for its excellent service, accommodations, courtesy, speed, and safety.

At Richfield Springs put up at the Hotel Earlington, the best hotel in the place, and which will be the official headquarters of the Institute. A special uniform rate has been made for the occasion, and every member and his friend visiting this house will be royally entertained and come away well pleased and satisfied. The arrangements made by the local people for the entertainment of the Institute show the openhandedness and goodwill of the Springs people. There is every disposition to make the meetings

of the Institute a success from every point of view. Intending visitors to the Institute sessions who have not yet done so should promptly wire for rooms at the Hotel Earlington; for while there is no dearth of hotel accommodations in Richfield Springs, still it is very desirable that all the Institute membership collect in the head-quarters-hotel and thus be together for business and for pleasures. Richfield Springs is a delightful place to take the ladies, a special programme having been arranged for their benefit.

gramme having been arranged for their benefit. Those of the West who wish to extend their vacation and go to New York City or farther east cannot do better than patronize the Delaware, Lackawanna, and Western to and from

Richfield Springs.

The altitude of Richfield Springs is 1750 feet. The figure was incorrectly given in a previous issue.

### AS IT HAPPENED AT COLUMBUS.

Drs. Dewey and Kraft sitting together in private conversation in one of the comfortable angles of The Chittenden.

Up comes a brother of the profession with another Ohio brother in tow. Introductions followed. The newly introduced brother from the interior of Ohio asks where Dr. Dewey is from; is he in practice; and how long? Same questions to Dr. Kraft!

And this happened in Ohio.

### A LATER INSTITUTE DATE.

Among many possible themes of discussion at Richfield Springs, at the at hand session of the American Institute of Homeopathy, should be the question of the time of annual meetings of this national body of physicians. The setting of the sessions in June, or even in the early days of July, seems to be a mistake, viewed from the vacation standpoint. There are very few of our practicing members who are ready in June to take the annual holiday. Most of us, who are the head of a family, need to remain at home to see our children through the closing days of school. Others, as is the case with some of our university schools—notably Ann Arbor—are never able to attend our sessions because of the lateness of the graduation exercises. The placing of the sittings so early in the summer seems to be a relic of that infant time when the Institute was sparring for cheap rates at summer and seaside hotels, in advance of the regular openings of these hostelries. But that day of small economies has measurably passed away, since the Institute has now assumed such proportions

that any large hotel anywhere will "dicker" with our properly constituted committee for its entertainment at reduced rates. The practicing physician who is obliged to wait upon his patrons for his vacation-money does not dare or care to leave his best families, to go to a distant point for a week's holiday, on his return to find that some other brother has found his way into his best-paying business by reason of his absence at an untimely time. The time for the doctor to take his vacation is when his people are taking theirs; and very few go as early as June, unless to cross to Europe. Another consideration which might be valued is the impossibility of our foreign brethren coming to our meetings so early in the year. With the growth of the power and prestige of the American Institute from year to year, the day is not so far distant as it may now seem when we shall have visitors from England and France at our annual sessions. steamship rates are each year falling a little, and with the building of more ships and extending the traffic, travel across the ocean, when our meetings are somewhere along the coast, is no impossible happening. It would cost far less for an Englishman to visit us at such times than it does for our California brethren to come to New When the International Homeopathic Congress meets next it will be in the United States; it would be a great compliment to our foreign brethren if we could so set down our meetings that it could be made possible for them to come and join us. In many of our States June and much of July continue to be good working weather, and the vacation fever does not come until the hot days drive the clientèle to the mountains and the seashore. We therefore suggest to the powers that be to look into this matter of changing the date and making it more nearly the annual holiday than as now arranged.

### GEORGE C. McDERMOTT.

The only distressing episode of the Columbus meeting of the Ohio Homeopathic State Society, recently adjourned, was the announcement by necrologist Beckwith of the death of our former brother and friend, Dr. G. C. McDermott of Cincinnati. Dr. Beckwith's sorrowing voice made the announcement most impressive and affecting; and Dr. Walton's tribute to the memory of our departed brother was as eloquent as it was beautiful. The Ohio Society remembered George McDermott well. Few of us have forgotten his hearty greeting with speech and hand: the whole-souledness of the man whenever and wherever met. He was a splendid specimen of physical man; and no one, save those nearest

him, dreamed that he was so soon to be numbered with the Immortals. Everybody loved him—this George McDermott of Cincinnati. He was an eloquent speaker on the floor, as he was an able teacher and writer through all the years in which he mingled with his brethren. And so the beadroll of the dead is being added unto from day to day, from hour to hour. Let us cherish the memory of these faithful ones of the Old Guard who are falling out of the ranks with such alarming frequency of late. Let us pray that those who already elbow the elders out of the fighting line may add as much to their day and age as did these now rapidly passing practitioners of the old homeopathy. George McDermott was a stalwart of the stalwarts. Peace and Good-night!

—Because Clemens belongs to the Bonaparte family of wits is no reason why he should seriously advocate osteopathy. Twain has missed the mark in his recent defense of the bonetwisters. The profession generally and the people will scarcely take the great American humorist seriously on this subject. Mark Twain is a capital iconoclast of popular idolic fallacious fads. He must have had an attack of break-bone fever and championed the osteopaths in his delirium. He has been "taking life easily of late." Perhaps he thinks everyone should be licensed to do so.

—The Mall, at the Pan-American Exposition, is the broad plaisance which passes through the very center of the vast grounds, and across which the tortuous Midway takes its course. Before one lies the Administration Building; within its beautiful gardens, by special virtue and right accorded it, is a handsome brick Venetian edifice, which contains the greatest wonder of all the Exposition-Baby Culture, as practically demonstrated, by the Obata Company of London, Berlin, and New York. This concession must not be confounded with the Midway. It is a separate and distinct exhibition of the Infant Incubators, from the London and Berlin Institutes, and has for its object the saving of the lives of the poor unfortunate babies who happen to have been prematurely born. Here, surrounded with everything sweet and dainty, you see the little cherubs, nestled in the aluminum and glass cabinet incubators, just like chicks, being coaxed into sturdy life by the aid of science. Every. physician will be interested. At the Victorian Era Exhibition this marvelous presentation was the wonder of Earl's Court, London. On exhibition in the building will be hundreds of photographs of the little totlets that have been saved in London, Berlin, and Paris. The admission fee charged here is twenty-five cents.

# THE MEDICAL CIBRARY.

Chloroform: A Manual for Practitioners.

Lieutenant Colonel Lawrie has long been recognized as an ardent supporter of what may be entitled the Edinburgh method of anæsthetization. He habitually uses enormous quantities of chloroform for the production both of "light" and of surgical anæsthesia, vet the whole burden of his teaching is that the one danger to be

avoided is an overdose.

There is in Dr. Lawrie's practice no substantial incompatibility between these two points. The use of a dram a minute in Dr. Lawrie's method of procedure, and with observance of the precautions he emphatically recommends as regards regular breathing and concentration of the administrator's attention upon the respiration to the exclusion of the pulse, does not by any means imply the administration of a dangerous amount of chloroform. But anyone who should lean upon this, and partially copy the method of dram "doses," without fully providing for the free admixture of air and for the escape of the heavy chloroform vapor, would assuredly come to grief. Everyone knows, indeed, that a dram poured into the inhaler every minute does not mean a dram inhaled every minute, but more probably less than a tenth of a dram actually inhaled and absorbed, the remaining nine-tenths of vapor besimply poured past the patient's chin; since chloroform vapor is about four times as heavy as air. Nevertheless it cannot be too often and too distinctly insisted upon that chloroform used is not chloroform inhaled; and that chloroform inhaled is practically chloroform absorbed. The unguarded use of such expressions as " 10 to 20 minim doses" at p. 59, or the passage on p. 54 to the effect that "as a rule unconsciousness supervenes after the inhalation of the second or third dram of chloroform" are much to be deprecated, for they may contribute to a dangerous indefiniteness of opinion and of practice. Doses actually absorbed of 10 to 20 minims would soon prove fatal; 2 or 3 drams of chloroform actually inhaled, and therefore to the extent of nearly nine-tenths actually absorbed, would almost certainly kill the patient. These are simple facts, with which no one is more clearly conversant than Dr. Lawrie, but in such a matter precision of language is of great moment.

On the other hand, to the inexperienced anæsthetist who is not very sure whether too little chloroform is not as dangerous as too much, Dr. Lawrie's teaching must be of the utmost service

towards clearing up that very unsafe state of mind which might lead him to push the administration just when it should be completely interrupted. On page after page Dr. Lawrie insists upon the simple fact that the only danger is that of overdose. On p. 11 "death can only take place by overdosing." On p. 31, "the gasping or deep respiration, subsequent to holding the breath, causes a large intake of chloroform, which may in any stage amount to overdosing." On p. 35, "when the breathing stops from an overdose of chloroform"; on p. 39, "overdosing"; on p. 41, again "overdosing"; on p. 42, on p. 56, p. 57, p. 58, p. 62, "the gasping in of an overdose": on p. 64, p. 76, p. 101, p. 104, p. 107, and finally on p. 111 et seq., where Dr. Lawrie describes the circumstances that led him to the immediate adoption of the absolute rule "never to give chloroform while there is struggling and irregular breathing." The rule was framed in consequence of a death that occurred (in Dr. Lawrie's absence) on March 20, 1899, and, according to Dr. Lawrie, "has already been followed by an appreciable improvement in clinical results. Formerly there was always an element of chance, and consequently of risk, in the administration, shown in the occasional cases of accidental overdosing which from time to time occurred. Now overdosing never takes place. Whereas formerly the surgeon was obliged to restort to artificial respiration about twice a year, there has not been a single case of accidental overdosing—no case, that is, in which artificial respiration had to be performed—since the new rule came into force; and no words or figures can convey any idea of the comfort and freedom from anxiety which it has brought to the chloroformist.

In this particular at least Dr. Lawrie is in complete harmony with the doctrine of the physiologists whose teaching in other respects he roundly rejects. Dr. Lawrie's new rule is altogether consonant with one of the arguments urged by Dr. Waller at the Montreal discussion

on Anæsthetics in 1897:

"Your patient breathes quietly and all goes well. He remains at or near the optimum mean quantity—at say 1.5 c.cm. of chloroform in his body. But he breathes irregularly, worst of all he holds his breath, struggles, and tempts you to press the chloroform, and takes one or two deep breaths. Whereas the vapor from a towel at a short distance from his face was at something or other below 5 per cent., that inspired from a towel held close to the face more probably reaches to 10 per cent. The capacity of his lungs is, say, 5,000 c.cm., so that in a few deep breaths he may have taken as much as 500 c.cm. into his lungs. Now 500 c.cm. of chloroform vapor = 1.67 cm. of fluid chloroform. Considering that he has already some chloroform in his system, that during his deep breathing it is pouring in through his lungs, can his death be called surprising? Is that a justifiable death?"

On Dr. Lawrie's plan, especially as supplemented by his new rule, "never to give chloroform while there is struggling and irregular breathing," such a death could never occur, for however much chloroform may be poured on the inhaler, care is taken that that chloroform

shall not be inhaled.

#### Terapia dell' Afasia e degli altri Disturbi del Linguaggio.

This work is a translation of Dr. Charlton Bastian's book, "Aphasia and other Speech Defects." Dr. Bastian's views on this somewhat intricate subject are well known and, if not universally accepted, are in this work supported by plenty of confirmatory evidence. Shortly, he considers that the so-called motor areas in the brain are really sensory centers of "kinæsthetic type," and in connection with speech processes he believes that there are two centers of this type—a glosso-kinæsthetic center related to articulatory processes and a cheiro-kinæsthetic center in connection with writing processes. Besides these there are an auditory word-center and a visual word-center—sensory centers—and lesions accounting for speech defects are to be looked for in those centers or in the fibers connecting them with each other or with the motor centers in the bulb, or in these motor centers themselves.

# Comparative Physiology of the Brain and Comparative Psychology.

The general thesis which Professor Loeb of Chicago sets out to prove in this book is that, owing to experimental physiology having been for the most part confined to the study of vertebrates, too much importance in the explanation of reflexes and the like has been attached to the nervous system, and especially to its ganglionic portions, and too little to the reactions of protoplasm. In fact, he goes the length of maintaining that, at all events in the case of the simpler reflexes, the nervous system plays no part beyond affording an easy and direct road along which the stimulus can travel. He points out that exactly the same reflexes occur in an Ascidian deprived of its ganglionic center as in one that is intact, the only difference being that they

are a little slower, and may require slightly stronger stimulation. The bell of a medusa, from which the margin containing its ring of ganglionic centers has been cut off, no longer contracts rhythmically, but the detached margin does, as was established by Romanes. Professor Loeb states that this is true only if it be in sea water. If it be placed in a pure solution of salt of the same density, the bell beats rhythmically, as if uninjured; if a small quantity of calcium or potassium chloride be added, it stops. He extends this to the skeletal muscles of higher animals, and states that, by a diminution of calcium salts and an increase of sodium salts, they may be made to contract rhythmically like the heart. Hence he infers that many of the problems of physiology will find their solution in pure physics and chemistry. Instincts are largely relegated to the position of reflexes, more or less complicated. That a moth should fly into the candle is explained by the theory that it has reflexes which act by turning its body to the light so long as they act on one side alone; when the body is directed straight to the light, it is acted upon symmetrically, and it pursues its path into the candle too quickly to be arrested by the heat, which would stop a slower-moving creature. Thus, according to his explanation, the moth cannot help itself. Given a flying moth and a light near enough to affect it strongly, it must fly into it, but the action is automatic. not voluntary.

Many actions which are ordinarily ascribed to conscious intention are by him relegated to a lower plane. He holds that it cannot be correct to say that a child has to learn to walk when a chicken does so the moment it leaves the egg. What is true is that the latter is structurally much more complete, and in the child the nerves and muscles have not attained to the required degree of development. A curious instance of how misleading single experiments may sometimes be is that of a worm bisected transversely; the front half crawls on as if nothing had happened, while the posterior half wriggles in a purposeless way. This might be attributed to the front half containing the "brain," its supraesophageal ganglion. But cut the back half in two again and its front portion will crawl on and the back piece wriggle, and this may be repeated yet again; or touch it without injuring it with the sharp point of a pencil, and the portion in front of the irritation will creep on and that behind will wriggle, showing that the effect of a stimulus traveling forward or backward along its ventral chain of ganglia is quite different. His book contains much that is original; and even if he appears sometimes to postulate too much in support of his views, and to press them somewhat far, nevertheless it is well worth perusal by every

physiologist. His contention that it is by the study of comparative physiology that we may hope to advance mammalian physiology appears to be fully justified by the experiments he has conducted and by the facts which he gives.

#### Die Anorganischen Salze im Menschlichen Organismus.

Specialization is certainly advancing, for we have before us a book by Dr. R. Brasch entirely devoted to the comparatively small question of the inorganic salts of the body. There have been some writers, especially Professor Loeb, who have deplored the scant attention bestowed on the inorganic side of chemistry by physiologists; he regards the action of various ions as the principal cause of such complex phenomena as cardiac and other forms of muscular and protoplasmic rhythm. He has even stated that he has been able to rear larvæ from unfertilized ova by merely altering their inorganic surroundings. Without committing ourselves to such views at present, we feel bound to admit that Professor Loeb's general accusation is true. According to the present chemical ideas concerning solutions of electrolytes, there is much that is useful in their practical application to such problems as osmosis, which are overwhelmingly important in physiological questions. Dr. R. Brasch's book is useful in drawing attention to such facts. The author is a physician at Kissingen baths, and it is therefore easy to trace how he has been led to write on this particular subject.

# Medico-Surgical Aspects of the Spanish-American War.

This book, by Dr. Nicholas Senn, is apparently a collection of papers and letters contributed to various journals, and this being so, it is not written upon any definitely coherent plan. With regard to wounds inflicted by the smallcaliber jacketed bullet it was noticed that where the wounds were infected it was more often at the wound of exit than at that of entry, a fact which Dr. Senn explains by the larger size of the wound and the greater laceration of the tissues. Dr. Senn lays stress upon what has also been noticed over and over again in South Africa—that more attention must be paid to the value of the first dressing, and he recommends that in every firstdressing package of antiseptic powder should be supplied. He prefers a combination of boric and salicylic acids in the proportion of four to one. The use of the X-rays was found to be very valuable in the location of projectiles. Penetrating gunshot wounds of the abdomen healed in many cases without surgical interference, and Dr. Senn quotes one remarkable instance. A soldier received an injury while lying in the prone position, the bullet entering the left infra-spinous fossa and passing downwards and inwards until it lodged under the skin in the median line, two inches above the umbilicus. The patient had a good deal of hemoptysis for two days. An abscess formed in the abdominal wall, which was opened eighteen days after the injury and the bullet was removed. After this, rapid improvement occurred.

# Medical Diseases of Childhood.

Dr. Oppenheim gives, in a somewhat magniloquent style, an account of these complaints. He has illustrated the text with admirable photomicrographs, but, owing to the communistic, not to say parasitic, principles on which the book has been compiled, there is practically nothing in it which cannot be found in any ordinary textbook. This unfortunate fact is explained in the preface. "In the large brotherhood of science," we are told, "there is no distinct ownership, and one man takes up the work of another, completing it or merely utilizing it without regard to the responsibility of its beginning or its end." "We are all borrowers from one another, and we all live in a condition of joint ownership." We have, in fact, discovered only three marks of originality in the book. One is the ingenuity with which difficulties which embarrass other people are evaded. The diagnosis, for instance, between non-tuberculous and tuberculous chronic broncho-pneumonia is frequently very hard, but the author tells us simply that "the question is decided against the latter by inability to find the characterictic signs of tuberculosis or its specific bacillus." So where is the difficulty?

Another is the language in which the writer clothes the ideas he borrows from the other joint owners. We hear, to give but one example, of "the keen nocturnal note," for all the world as if the meningitic child were a wild fowl. But interest in the many poetic expressions is lost in the excitement of the author's discovery of what a child really is. He is "a mutable being, an organic flux, changing " (horribile dictu) " from week to week, in the endeavor to find a permanent economy that is sufficient for the work of self-preservation and propagation of its kind." This series of changes develops with wondrous rapidity, and finally "terminates in that dim region where absolute maturity fades away with physical and mental decadence." Something like the end of "She" from the description. This "dim region" is not inhabited by adults, as some have supposed. The child, organic flux that he is, need never dream of becoming an adult, for the latter, the author tells us, " is the same yesterday, to-day, and to-morrow." Dr.

Oppenheim's knowledge of childhood by no means ends here. He can, he assures us confidently, "not only make a clear distinction between the child and the adult, but can also differentiate between the child and the child," and this by the simple device of finding the relative weights of its liver and other organs. Into these subtleties considerations of space forbid us to follow him. We can only say that as a text-book this volume is commonplace, but that it is a veritable mine of unconscious humor.

#### Decay in the Teeth: Its Cause and Prevention.

The author is J. Sim Wallace, M. D. His general contention is that there is no evidence of any deterioration in the quality of teeth, and that the prevalence of caries is to be attributed to the nature of the food stuffs employed. The views presented are worthy of careful consideration, but we doubt if they will carry full conviction to the minds of readers. It is true that no physical or chemical difference has been demonstrated between teeth much affected by caries and those from sound mouths, but our knowledge in this direction is, after all, very imperfect. All that has been shown by those who have investigated the chemical aspect of the matter is that the aggregate proportion of lime salts does not, as was formerly supposed, differ materially in so-called good and bad teeth. But for anything that we know to the contrary the salts may not be the same, and next to nothing is known of the organic matter.

The germ theory of Weismann is cited as an argument that there cannot be any hereditary degeneration of teeth, but this is an inversion of the proper method of inquiry. Pathological facts might well be adduced as arguments for or against the Weismann theory, but deductions based upon a theory not by any means universally accepted cannot safely be used towards establishing pathological facts. As Professor Pearson has repeatedly pointed out, we must accumulate far more facts about heredity before any great generalization can be made.

Much stress is laid upon the necessity for using in a greater degree fibrous and coarse foods, which are less likely to lodge, and if they do lodge will provoke sufficient discomfort to ensure their speedy removal. Attention is also called to a result of the ingestion of much sugar, which altogether itself too soluble to remain long about the teeth, in part undergoes a viscous fermentation resulting in the formation of gum and mannite, which coat the teeth with an adherent film. This is exaggerated when the saliva is scanty, as in some fevers, but does not happen at all when sugar cane is chewed, as the fibrous portion efficiently cleanses the teeth.

There is a further suggestion which is interesting and novel—namely, that the albuminous and neutral coating upon the teeth which is derived from the buccal mucus is absolutely beneficial. as although it is infected with organisms they are not acid-producing organisms. Hence the author goes the length of doubting whether the great use of the toothbrush, which removes this coating, is an unmixed advantage; but before he can hope to convert his readers to this view far more data and experiments must be submitted than are to be found in the brief allusions contained in the text of his book. The idea is ingenious, but in the absence of investigations, which might easily be carried out both in animals and in the human subject, it partakes of the nature of a guess.

# The Diagnosis and Treatment of the Diseases of the Eye.

Professor Edw. Jackson, the author of this work, is catholic in his pathology and treatment of ophthalmic disease. He gives mercury in iritis; admits two forms of sympathetic disease sympathetic inflammation and sympathetic irritation; and acknowledges that up to the present time the ætiology of the sympathizing eye, or the channel through which the exciting eye acts upon the uninjured one, is unknown. He practices iridectomy for cases of increased tension in preference to sclerotomy or Hancock's operation. He uses a knife of his own device for the section of the cornea in the extraction of cataract. It is a narrow Beers knife, with the basal angle much rounded, and no doubt acts well. In this operation it is not so much the form of the knife as the skill with which the operator manipulates it that is of importance, and those who have lived long have seen excellent results with many different forms of instrument. Professor Jackson's incision is made well within the periphery of the cornea and he omits the iridectomv.

On examinations with the ophthalmoscope for the measurement of refraction, the author justly observes that this method cannot be relied upon for the accurate prescription of glasses. On the subject of skiascopy, he concludes his remarks by recommending to the student the stenopæic slit or the parallel lines with spherical lenses if he cannot use skiascopy or has no ophthalmometer, the usual condition, we imagine, of the student.

Professor Jackson commends the use of glasses at as early an age as three in cases where a tendency to squint is observed. In speaking of myopia he attributes that affection to two circumstances, first, to softening of the scleral coat by congestion; and secondly, to pressure of the muscles around the eyes in fixing near objects.

Surely other potent causes are insufficient light and close work on near objects. He speaks with approval of the removal of the lens in cases of high myopia. We doubt whether it will come into very general use. The colored illustrations are poor and rough, contrasting badly with the beautiful plates issued by the Germans, that ingenious nation in chromolithography.

## Globules.

—The Minnesota State Homeopathic Institute was billed to hold its 35th annual session in the State Capitol Building at St. Paul May 21, 22, 23. The odd slip of a programme (which reached us in due time to have visited there, but not in time to print the notice in our journal) is filled with good titles backed by good names. And from its former successes we have no reason to doubt that this session was the equal of any of its many predecessors.

—We desire to call attention to the private hospital at Buffalo of our good friend and brother Dr. Dewitt G. Wilcox, the enterprising secretary of the Homeopathic Medical Society of New York. Arrangements have been perfected for the reception of patients during the existence of the Pan-American Exposition, and these arrangements are of the most modern and approved type of excellence. Dr. Wilcox needs no recommendation from us; he is too well known all over the United States as an expert and skillful physician and operator to require any editor's certificate.

—The American Monthly Review of Reviews gives a large share of its most recent issue to an exploitation of the Pan-American Exposition. This is truly a splendid affair, and from present appearances will prove a great financial success. In other departments the Review holds its own field without equal. It is truly refreshing to get each monthly number and review with the editor the events of the month past, and realize how little of what has been filling the morning and evening papers has been of any practical value. Under the wise condensation of Editor Shaw and his associates the matters of fact show out plainly, while the matters of fiction and guess are relegated to the background.

—The Century Magazine continues in its excellent way of contributing excellent papers for its readers. "D'ri and I" is taking its place with the other excellent fiction latterly furnished by this magazine. In the May number "The Japanese Illusion" was a charming bit of story writing and doubtlessly appreciated by all. Reminds us to say that we have an odd habit of ex-

amining the advertising pages of our literary journals first, in order to see what is the proper thing to eat, or drink, or wear, or see, or read. For the Century has its ad. pages filled with the most seasonable of articles. It would not be difficult for a modern Rip Van Winkle on waking from a profound sleep to tell, from examining the ad. pages of the Century, in what time of the year, nay, almost the exact month of his waking. The ads. are marvelously well done, both with graver and pen.

—The new Gould journal—American Medicine—comes regularly to our table, and we feel that we have now no longer any complaint because the lordly Medical Journal would not exchange with a homeopathic publication: for Gould's journal is the peer of any of the other journals of its own—and we had almost said of any school—but it is too near election time in the Institute to adventure so pronounced an opinion. Dr. Gould is a master in the profession of editorial writing and arranging. With his corps of collaborators the entirely medical field is thoroughly scanned and its important happenings faithfully and succinctly chronicled from week to week.

—The controlling powers of the Royal Arcanum, a fraternal society with an insurance feature, the best one, probably, of the many organized in America, has recently met and made a ruling which properly places the Mother Eddy fanatics. This controlling body of the order has instructed medical examiners to decline for membership for the life insurance feature all who believe in the vagaries of Christian Science. In other words, those who refuse to recognize disease as an entity are apt to ignore its prevention. Should every life insurance organization of the country take a similar course they would soon help in the solution of the problem.

—During the past few years persistent efforts have been made by unscrupulous and mercenary pharmacists to dispense spurious Phenacetin in physicians' prescriptions. Owing to the great popularity enjoyed by this remedy, even the validity of the patent has been attacked, and for this reason it is particularly gratifying to learn that the opinion rendered by the highest judicial authority sustains the manufacturer's (Farbenfabriken of Elberfeld Co.) rights after this subject had been submitted to the most searching inquiry. This will naturally apply not only to Phenacetin, but to other popular remedies, Aristol, Sulfonal, Trional, etc.

We emphasize the necessity of physicians assuring themselves that products prescribed are dispensed from the original cartons, for in this way only can they be fully protected against worthless and often injurious imitations.

# The Elmerican Ihomeopathist.

JULY 1, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



JOHN ARSCHAGOUNI, M. D., New York,

### THE PHYSICIAN'S BURDEN.

The tendency to underrate a physician is one of the inexcusable and disagreeable realities which wait upon the practitioner no matter where he is located. Perhaps the other professions are equally maligned, and we do not know it; or, knowing it, give it but little heed. With the other learned professions there is, we believe, less of the tendency of the members themselves

to blacken each other which seems to inhere in medical lines. It is a common arraignment of a physician that he can't take care of a cat or a dog. If he is a gynecologist: or if women, having found successful treatment at his hands, speak well of him, soon he is marked down as a trafficker in criminal practices, and no woman is safe in his office. And this does not exclude even the best and the most skillful. If he is a specialist in eyes, then every patient coming to him needs spectacles. A urinary specialist finds everyone afflicted with fearfully fatal disorders. A surgeon botches every broken bone he touches. The general practitioner cannot tell tonsilitis from diphtheria. A renowned obstetrician is charged with waiting for a child to appear where it was only a colloid tumor. If these defamatory opinions were the speeches only of the non-bill-paying laity, then we could bear the disgraceful feature with more equanimity. But unfortunately it is the brother in the guild who has much to answer for in this respect of using his own unkindly. It is he, in many instances, who suggests to a patient the bringing of malpractice suits. If a patient operated upon in a hospital, by reason of the carelessness of some attendant, is burned with hot bottles, some officious brother recommends the bringing of an action against the operator, and so make his life miserable for years to come. For even if the operator wins his case in the end, in the far-off end, meantime he is out of pocket for legal proceedings, time, and in many cases the confidence of some of his former patients. Why cannot this tendency in some members of the profession be wholly eradicated? There is no need-even were it possible-that we all think alike or act alike, even under apparently similar circumstances; but what need to misjudge the

work of the brother we happen to follow? A moment's thought will cause us to pause, remembering that the same judgment we mete will be meted to us at some other period. Why not try the Golden Rule for a little while, and speak well of a brother's work?

### SATURDAY-MORNING HEROES.

What a vast sabaoth of decadent statesmen, authors, lawyers, preachers, professors, and other old women (of both sexes) there are at large in these American States, endangering the weal and welfare of the remaining few, with their confessions of physical, mental, and moral weaknessses; and exploiting their corresponding cure with this and the other well-advertised patented medicine. And Saturday morning, in the metropolitan papers, seems to be their special witches' Sabbath for broad-casting all the nefarious things which this vast horde of mental and physical imbeciles has done to themselves and others, in the guise of hideous deformities in language and body. It seems almost as if the American had gone mad with the long pent-up vanity to appear in the papers in some printed communication, like other people, and that patent medicine notoriety was the exact field now suddenly opening before him in which to disclose the secrets of the prison-house for the delectation of the immediate neighborhood and others more remote.

Nothing that can afflict poor humanity seems too sacred for publication in the Saturday morning papers. Matters that ought to be locked up in the innermost privacy of every clean-hearted woman are posted on the fence-corners, and thrown into our storm-doors. Young women barely out of their teens, and others still of a tender age, tell gloatingly, in the public prints, under a woodcut engraving, how that they had leucorrhæa, displacements of the womb, ulcerations of the labia and vagina, pains in the ovaries. tumors and leprous eruptions, piles, constipation, and diarrhea; with hideous foulnesses of other parts of the body, the knowledge of which ought to be sacred to every woman of gentility and breeding; but all these are pictured or written with the flourish of an advertising-expert's pen and pencil, and sent broadcast over the land. Men of former excellent standing in the community confess to shameful practices, upon themselves and others, which ought forever to thrust them out of the pale of decent society; which ought to cause the normal-school-attending daughter, or the rapidly-growing son, to implead with the properly constituted authorities for an inquisition-in-lunacy, to restrain further disclosures of this salacious and utterly foul kind. Alleged ministers of the Gospel, whose professions in the pulpit are those of cleanness of heart and body, under the stimulus of a few gratis bottles or boxes of hell-dope, scruple not to admit practices which utterly shame the cloth, and pollute them in their daily avocation.

This evil was bad enough when it was confined to the almanac, and the private circular which was occasionaly thrust into the sufferer's hands by interested druggists or other stoolpigeons and catspaws; but now, through the instrumentality of the daily press, the evil has become so widespread that there is no end to its harm-doing. It begins with the breakfast table, with the wheat cakes and the syrup: it follows the members of the household through their day's labor.

There seems a very witchery for some folks to be placarded in the advertising columns of a daily paper. "Well," said the editor to the mutilated narrator of a bloody fight the night before, "from your account of the 'scrap' you seem to have been pretty badly whipped; surely you don't want me to print that!" "That's all right, mister; let it go in. I don't care nothing about that. What I want is to see my name in the paper, so as my wife's folks down by Sand Creek may know I aint afeared of no man."

It is sad to admit, but, being true, will be admitted that the best reading matter and the best pictures in many a daily paper, and in the majority of the weeklies, are found in the advertising columns. The arrangement of such matter is peculiarly well done by experts in good writing and good picturing. They thoroughly understand the weaknesses of poor human nature, and they play upon these with a master hand. Note the frequent quarter-page pictures of the low-necked society woman, with Fanny-Davenport gesture, 12-button Suèdes, and pretty googoo eyes, who tells her husband—or some other man—to let her alone! because she is so miserable; or that handsomely built young girl, with three inches of shapely ankle, drooping over a sewing machine; or that other queenly female, oftentimes over-matronly busted, with dust-rag around her classic brow, a feather-duster in her off hand, to typify her servitude to man,—cruel, tobacco-eating, whisky-guzzling, bridge-whist-playing man—you note the utter, hellish despair and dyspepsia depicted in the "liniments" of her arsenic-wafered complexion,—and how your heart goes out in pity to her for her manifold ailments! Of course you will read the statements printed under these pictures in order to determine the special brand of grievance of which she has been relieved. And isn't that, after all, what the twin artists of the pen and pencil are trying to bring about-interest and curiosity. After that the rest is easy, dead

easy.

We know of one physician, a man who graduated from his medical school with the usual equipment of theoretical lore, blue ribbons, flowers, and Oxford gown, but who failed utterly to grasp the realities of the profession. After knocking about and being knocked about for a space of time he stepped into the advertising desk of a patent-medicine firm, and is now wearing enameled shoes, a Raglan overcoat (cut with scolloped mother-hubbard yoke), the latest block of hat, and pink shirt. He has debased the knowledge he gained at the medical school, and now writes learnedly of the ills of poor womanhood-none whereof he has ever seen or known except in the books. He has tasted of the forbidden fruit; he will never again have the courage to throw off the comfortable habit of stepping to the Captain's office each Saturday night and drawing his pay envelope, in order to assume once more the professional livery of an everyday ethical doctor, who toils laboriously to gain a foothold and respectability and a red running-geared double-storied buggy, and horse, and ultimately about a thousand a year.

It is the insanity of vanity which has swept over our people under the stimulus of newspaper advertising. That is why the several excooks of the White House and the half-hundred Senators of the United States shoulder each other in giving their names to a notorious, rot-gut-whisky patent-medicine advertisement: that is why their wives have not hesitated to step out of their pure-blooded, blue-blooded Washington aristocracy to advertise a special brand of Chicago soap; that is why several ex-Governors have not shamed to tell the American people the kind and color, the length and breadth and thickness of their catarrhal excreta; that is why the broken-down ministers of the Gospel of Purity and Peace describe most perfervidly and hysterically the ravages made upon their alleged souls by hot bread and saleratus biscuits and valler-legged chickens; that is why so many otherwise upright and pure mothers falter not to put their pictures and the record of their private diseases before the public, where it may be seen of their daughters (and their steady company); and by their sons, who are trying to be men and honorable!

Talk about the dangers from the billion-dollar steel trust, the Standard Oil trust, and the other trusts; there is no one of them, nay, nor all of them put together, more dangerous to our Republic than the patent-medicine trust—that publication of indecency, foulness, and rottenness which is paraded each Saturday morning in every newspaper in every metropolitan city of America. This constant hashing up of the

infirmities of the race, this parading of the innermost secrets of the family relation, cheapens the chastity of the nation; it rends the veil of modesty and respectability—and good sense; and leaves nothing standing between purity and debauchery except a pitiful shred of sentiment which, in the course of a few years, under the continued assaults of the patent-medicine writers and artists, will be razed off the face of the earth.

### ECHINACEA ANGUSTIFOLIA IN APPENDICITIS.\*

By J. ARTHUR BULLARD, M. D., Wilkesbarre, Pa.

In presenting a paper on, comparatively speaking, a new and only partially proven drug, I am simply giving what my own observation, extending over a period of more than three years, has found to be true and worthy of more extended notice and study.

Echinacea is not a cure-all, nor will it invariably do all that is claimed for it by its sanguine admirers, like myself and others, who have been so well pleased with its action in so large a number of cases that we are lost in admiration of its wide sphere of action, and stand ready to give it place with the polychrests of the early materia medicists of our school.

This weed—known botanically as echinacea angustifolia, and commonly as Black Sampson, purple cone flower, and nigger-head—is indigenous from central Pennsylvania to western Nebraska, and the entire plant, including the root, is used in making the alcoholic tincture.

The indications for the use of this medicine can be expressed in two words, Bad Blood.

But, to be more explicit, it is excellent in septic conditions, all diseases malignant in character; boils, carbuncles, all unwholesome and fetid suppurations, and low, devitalized conditions of the blood.

It seems to be a remedy embodying the combined good qualities of the mercuries, the iodides, and the arseniates, with sulphur and the silicates thrown in.

The symptoms, as elicited in the meager provings that I have seen and that my personal observation appears to verify, are as follows:

The characteristic head pains are dull rather than acute, and this is, in the main, true of the pains in other portions of the body.

Depression and weakness is also a keynote. The tongue of the echinacea patient is generally coated white, and appetite is entirely wanting; sour stomach, full feeling in the abdomen

\* Presented to the Luzerne County Branch of the Hom, Med. Soc. of N. E. Penn.

from gaseous distention, somewhat similar to

lycopodium; and evening aggravation.

Heart's action increased, with anxiety, pain in back and throughout the muscular system; these pains in back and muscles of a dull, aching nature, rather than sharp; the patient tells you that he aches all over with general weakness and inability to move without support; feels very easily exhausted; sleep is disturbed by bad dreams.

These symptoms may be taken as being, in the main, reliable, although not in the least re-

markable.

Now comes its real sphere of action, where it leaves the commonplace and becomes grand; where it probably has no peer and few competi-

tors.

Echinacea, according to my observation and that of others, has a very remarkable and unmistakable action on that portion of the abdominal viscera in which dwells in very questionable security that "white elephant" of the century—I mean his royal highness the appendix vermiformis. I give this little anarchist his full title, and think of it only with deep respect and admiration; from an insignificant past it has become of late years, with very many, the seat of conscience.

According to statistics more or less carefully prepared, one person in each five hundred of the seventy million people, more or less, residing in the land of the free and the home of the "getat-you-somehow" doctor, have, "with malice aforethought," been deprived of this organ dur-

ing the past year.

Now the fees (and this is also a matter of record) have ranged from nothing to \$2000, so that, calling \$10 a fair average price, the medical profession has been enriched in round numbers about two millions of nice round dollars, simply by not knowing that in echinacea they had, in truth, a Black Samson that can cure at least nine-tenths of all appendicular inflammation.

Still, what has been loss to the public has been gain to the profession, and it is no more than probable that had the man with the knife been better posted in his materia medica, he would have lived more economically himself, while his victims—I mean the patients—would have had

no cause to retrench.

These quiet cures, so easily accomplished, have still another disadvantage; the physician gets little gold and less honor, while the patient's illness creates so little comment, owing to the rapid recovery, that even he is not infrequently apt to forget both the indisposition and the doctor's bill.

So, commercially (alas, that the doctor should be obliged to think of money!), the flourish of glistening steel and the color of bright red blood is one of the essentials to a fat bank account and

business credit.

Seriously, echinacea for all abdominal inflammations, all puerperal invasions, all sepsis connected with the pelvic viscera, comes as near being a specific as is possible for one remedy to be.

For boils and carbuncles its field is large and very promising: for rheumatism, and especially for those cases that have been injured by overdosing with mercury and the iodides, and in old cases of specific origin, echinacea will not be forgotten after using a few times and noting results.

Now, as to the dose, I have given it in strength from the concentrated tincture to the 3x, and shall try it in the higher attenuations in the future. The Ix has been my favorite and most

frequently used potency, thus far.

It is a safe remedy. I have never noticed an aggravation, even when exhibited in ten-drop doses of the mother tincture. I have also used it in the Ix as a lotion for indolent, stinking ulcers, giving the same strength internally,

with the most gratifying results.

However, it is in true appendicitis and so diagnosed, and in septic peritonitis, that I have found it to act more brilliantly than any other one medicine known to me; and to those unfamiliar with this drug let me ask them, for the sake of humanity, regardless of fame or gold, to make its acquaintance. Give it a fair trial; think of it also in malignant diphtheria, both as a medicine and a gargle.

I have been unable to study it in its relation to other remedies, except that it is complementary to hepar, one following the other admirably.

This is truly a Samson among our medicines, and "bad blood" is its keynote. Try it, if you have not, and you will yet thank me for asking you to do so.

There is much more to be known in relation to its action, I am sure, and I shall be pleased to hear the experience of others who have prescribed it, and especially in cases of appendicitis.

—In answer to the question, "Is alcohol a food?" Dr. Arthur R. Cushny, in his recently published book on the action of drugs, says: "It would seem, therefore, that while alcohol undergoes combustion in the tissues and leads to the deposit of fat, it is questionable how far it can replace the carbohydrates and fats in their relation to nitrogenous metabolism; that is, alcohol tends to prevent the waste of the fats and carbohydrates of the body, but probably is of little value in economizing the nitrogenous waste. If alcohol is to be used as a food it must be associated with a diet rich in proteids, and on this condition it can replace to some extent the ordinary foodstuffs."

# THE MEDICAL CIBRARY.

Poisoning with Snake Venom.

Dr. Thomas R. Brown writes an interesting paper in Twentieth Century Practice. He attributes death in snake poisoning to the following causes: (1) General paralysis, especially of the respiratory centers; (2) paralysis of the heart by tetanic arrest of cardiac action, probably due to the action of the venom upon the cardiac ganglia; (3) a combination of these causes; (4) hemorrhages in the medulla; and (5) possibly the inability of the red blood corpuscles to perform their function. With regard to the treatment of snake-bite by antivenene, Dr. Brown believes that the practical results so far obtained are of great promise and thinks it quite possible that a real antidote to snake poison has at last been found.

Truth and Error, or the Science of Intellect.

This is a curious book, which is difficult to describe shortly under any other designation than metaphysical, although the author would perhaps protest against the use of the term. He endeavors to argue with scientific precision upon matters which do not wholly rest upon a basis of observed fact, and he deals amongst other things with the ultimate attributes of matter. These he holds to have certain universal essentials: the ultimate particle, he considers, has "unity, extension, speed, persistence, and consciousness, which are absolute." What he means by consciousness is something short of what is ordinarily understood by the word, and this is an example of the obscurity of his style. But he is not content with the use of ordinary words in an unusual sense; he has coined a good many new words, and has the vice of using outlandish words which would send most of his readers to a dictionary, often only to be disappointed. Reification, phytonomy, demonomy, pentalogic, multeity, hylozoism, phratries are a few specimens of his hard words.

So obscure is the author's style that one is tempted to lay the book aside as containing nothing intelligible, and to doubt seriously if the author's conceptions were clear to himself, since he fails to give them clear expression to others. Yet the book does contain some novel and suggestive ideas, and there are parts—for example, the chapters on hallucinations and other sense deceptions, and those on perception and on ap-

prehension-which set forth some striking examples upon which he reasons soundly. These portions of the book are readable and instructive, and here the author is at his best. He is at his worst when dealing with philosophical abstractions, where he is quite out of the depth of most readers and, we strongly suspect, out of his own depth also. There is abundant evidence of wide reading and of extensive range of information, and one rises from the perusal of the book with the feeling that, had the author limited himself to the discussion of the known and the knowable, he could have written a valuable book. But we doubt whether such an attempt as is here made serves any useful purpose whatever; to attempt to frame a comprehensive system of philosophy before the data are available is to weave a rope of sand.

Appendicitis.

De L'Appendicectomie.

L'Appendicite: Formes et Traitement.

The Early Treatment of Appendicitis.

Of the making of books on the subject of appendicitis there is no end. These four volumes, individually and collectively, present few new facts or observations, but the first, by A. H. Tubby, is well able to bring together and to review lucidly and instructively the main points of the affection. He claims for appendicitis the right to be regarded as a purely surgical disease, and holds that it should be treated in surgical wards from the first. With regard to the practice of early operation in every case, although influenced by the widespread and increasing doubts as to the alleged efficacy in a majority of instances of medical treatment, he hesitates to adopt to its full extent the teaching of many American surgeons, and is inclined to think that the best rule for a judicious surgeon to follow is not to bind himself to a routine practice of early operation, but to watch his cases closely, and when in doubt to operate at once.

Professor Broca and Dr. Vignard, in their books, strenuously advocate the "precocious" operation in all cases of appendicitis. The method generally practiced by French surgeons would seem to be that associated with the name of Jalaguier. It is similar to the procedure adopted by Battle of England. The reasons enjoining early operation are fairly stated in both the French works. French surgeons are as convinced as Americans of the good that is gained by an early removal of the inflamed appendix. As matters now stand, there can be no question

that the advantage of the argument is with the advocates of the "precocious" method.

Dr. Donald Hood, however, does not thing so, but we question whether his book will make many converts, for its indications as to the propriety of treatment at the earliest onset, and of the desirability of early diagnosis, are somewhat nebulous. By "early diagnosis," he writes, "I mean detection of the malady within hours and not within days "! Opium is the "sheet anchor of treatment," and "auxiliary help" is obtained from rest, diet, absence of aperients, etc. The right of the author to express an opinion is based upon twenty-four years' experience of this form of treatment. Dr. Hood writes: "I have never seen bad results follow, and in a continuous series of at least forty cases all have recovered." As several deaths of patients under Dr. Hood's care are recorded in the pamphlet, the meaning of this last quotation is obscure. He adds, "In no case has suppuration taken place."

The last word upon appendicitis and its treatment has yet to be spoken.

# The Diet of the Convalescent.

This is a sensible little book by Lucy H. Yates. On p. 10 we find the following, which at first sight is startling: "We find iron very largely in spinach . . . mercury also contains it." It would be as well, we think, in future editions to substitute the words "herb mercury," and explain what herb mercury is. We suppose that Miss Yates means the Chenopodium Bonus-Henricus, or Good King Henry, which is sometimes used as a substitute for spinach. The Mercurialis which belongs to the Euphorbiaceæ is not, so far as we know, used for food. The recipes seem very good, but we cannot agree with the statement on p. 9 that rabbit is digestible. Some persons can digest it and some cannot, the ability to do so being a matter of idisyncrasv.

# A Manual of Midwifery.

This fifth edition of Dr. A. L. Galabin's book retains all its prominent features. We imagine the various sections upon the mechanical action of the sacrum, the development of the pelvis, and the leverage action of forceps, containing, as they do, many mathemathical considerations, will continue in the future, as in the past, to be skipped by the average student. None the less, they are of great interest. We are glad to see that curettage after delivery is condemned, and that the performance of hysterectomy in cases of septic infection is regarded with doubt. The au-

thor conclusively shows, by the mathematical doctrine of probabilities, that there is a definite causal relationship between cases of hydatidiform mole and cases of deciduoma malignum. He points out that the nucleated masses of protoplasm seen in some cases of sarcoma of the testis do not form the branching reticulated processes, resembling the proliferating syncytium of villi, which are figured in cases of deciduoma malignum. He considers that the cells of the growth, as well as the protoplasmic masses, are derived from the syncytium of the villi. This is the more probable, since in many instances there is no absolute demarcation but rather a gradation between syncytium and plainly discrete cells.

#### Contagious Ophthalmia, Acute and Chronic.

Sydney Stephenson has had quite exceptional opportunities of witnessing the outbreak of contagious ophthalmia, of seeing its results, and of divising means for preventing its spread in large schools. He points out that this particular disease accounts for ten per cent. of all cases of blindness, and yet is one of those that, if early recognized and properly treated, may be regarded as curable without the slightest impairment of vision; and, indeed, when the circumstances that lead to its occurrence are thoroughly appreciated, it may, by the adoption of judicious measures, be almost invariably prevented. In describing the various forms of the disease grouped under the term "contagious ophthalmia," Stephenson distinguishes three parts of the conjunctiva—the palpebral and ocular regions and the retrotarsal folds-and gives directions for exposing the superior fold.

A retractor, he remarks, is hardly requisite, since anybody possessed of a moderate amount of manual skill can bring it into view. He gives a woodcut of the retractor which, if really required, he uses, but it is badly shaded and looks as if it had a button at the end. Recently ulcerated spots of the cornea and parts of that membrane where the epithelium is degenerated are stained a bright green color, and the formula given is a useful one: it is, flourescin 2 parts. sodium carbonate 3½ parts, and distilled water 100 parts. Stephenson insists on the necessity for thorough asepsis, both on the part of the surgeon and of his instruments, and also that goggles should be worn while injections are used, and, further, that the tear passages should in all instances be carefully examined and cleansed.

Bacteriological examination of the discharge is of great importance and utility. Full accounts are given of the methods of examination both by means of cover-glass preparations and by cul-

tures. The basic stains recommended are methylene blue, carbol-fuchsin, and thionine blue, gentian, or methyl violet. A second cover-glass should always be treated by Gram's method. A plate is given showing some of the organisms met with. Mr. Stephenson considers that mucopurulent ophthalmia, purulent ophthalmia, granular ophthalmia, and membranous ophthalmia are all separate and distinct affections and have a different ætiology, though doubtless they possess certain features in common. In regard to the frequency of gonorrheal conjunctivitis in ophthalmia neonatorum, it appears that amongst 446 cases of ophthalmia neonatorum gonococci were present in 72.83 per cent. The conditions known as granular ophthalmia and membranous, croupous, and diphtherial conjunctivitis are all described with much precision.

# THE SIEGE OF THE LEGATIONS AT PEKING; A FRENCH SURGEON'S WORK AND VIEWS.

Surgeon-Major Matignon of the French army, who volunteered for duty at Peking when the situation became grave, has a paper in the Archives de Médicine describing his experiences during the siege last summer. "The events that took place at Peking from June 20 to August 15, 1900, have this peculiarity," he says in his exordium, "that a handful of men were taken by surprise when destitute of everything, or pretty nearly so, and found themselves compelled to organize a defensible front with a perimeter of 3½ kilometers against a well-armed and well-victualed enemy, 30 times as numerous as they were. A few French, German, English, American, Austrian, Italian, Japanese, and Russian sailors formed a little body of 400 rifles, to whom 50 volunteers of all nationalities joined themselves." When the Boxers made their unexpected onslaught the British Legation became a refugegeneral where 800 Europeans—150 of them being women and children—sought shelter. It was here that a small hospital was improvised, and to it the wounded from the outposts by which the legation was covered were carried. These outposts, three in number, were established (I) to the southeast in the French and German Legations; (2) to the northeast in a large park, where the defenders were the Japanese and the Italians; and (3) to the southwest in the Russian and American Legations. Surgeon-Major Matignon had charge of the first, being assisted by a German hospital orderly who "thoroughly understood his work and was in possession of a dressing-bag." Throughout the siege, notwithstanding the necessarily defective hygiene arrangements, the bad quality of the

water, of which the men, owing to the excessive heat, were forced to drink enormous quantities unfiltered and unboiled, and an almost entirely fresh diet (for 55 days horse meat was alone available), the little garrison of 90 men all told had no sick. The enemy's efforts were for the most part expended upon four chief points, and to these whenever an attack commenced Surgeon-Major Matignon used to hurry with his game-bag full of surgical necessaries. The French and Austrian detachments having arrived without any medical personnel, he had absolutely no one to help him on these occasions, but was compelled to do everything with his own hands. As soon as a man was wounded he dressed him on the spot as well as he could, and sent him back to his work. Their numbers were too small to admit of the ranks being even temporarily depleted, but Surgeon-Major Matignon adds that not one of them [the wounded], even those who were seriously injured about the head, made the slightest difficulty about resuming his service." The Chinese kept up an incessant shower of missiles of every description from shells and rifle bullets down to bricks and stones. Upwards of 800 shells were aimed at the French Legation, of which the eastern side was literally pulverized. The defenders exercised the utmost caution, protecting themselves behind barricades and in trenches, but in spite of this they suffered severely. As might be expected, most of the injuries were situated about the head or upper extremities.

# AFTER-TREATMENT OF ADENOID GROWTHS IN THE NASOPHARYNX.

By HARRY CAMPBELL.

Dr. Stewart, on the above subject, suggests an effectual way of preventing recurrence after removal to be dumb-bell exercises for at least a quarter of an hour every day in front of a looking glass, keeping the mouth firmly closed during the exercises, and so forcing nasal breathing. I desire to point out that this statement is in entire harmony with my own view regarding the causation of "adenoids," which I believe to be imperfect use of the jaws and their appendages from the practice of feeding children on the bottle and on soft, pappy foods. In consequence of this the circulation of blood and lymph in the tissues of the mouth, pharynx, and nasopharynx is not duly stimulated, and the door is opened for "adenoids" and kindred affections.

I venture to suggest that Stewart's plan, above referred to, achieves the good effect in large measure by bringing about firm closure of the jaws, dumb-bell exercises tending to force the jaws closely together, doing in fact what the mastication of hard foods does. Were we to feed our children on a rational plan I have little doubt that we should practically do away with "adenoids."

### A MEDICAL JURIST.

The late B. B. Osler, K. C., was a medical jurist of unusual ability, owing to the number of criminal trials with which he was connected, sometimes as prosecuting counsel and sometimes retained for the defense, he had the opportunity of coming into contact with, as witnesses, a large number of medical men. Mr. Osler had a wonderful grasp of medicine in its different phases, and no matter how intricate the case was from a medi-cal aspect, he could at once take hold, and woe betide the medical witness who proved at all contrary while in his clutches in the box. We are indebted to Mr. A. R. Hassard for the following few sentences used by deceased in addressing juries, sentences which are unique and fascinating.

"There are men whose word on oath we'll take, while their notes are going to protest every

day.′

"If an accident couldn't have taken place, look for the motive and look for the murderer."

"Did not the stitches in the small tear look like those that would be made by a woman, while the large stitches were those you would expect boys to make in using a needle and thread?"

"They were fleeing that night when no man pursued; yet, feeeling that behind them was the horseman reaching for them—the horseman that

is always pursuing the guilty."

"A man who contemplates a crime always does it skillfully, to make sure: so always look for an appearance of innocence when the crime is one of skill. The dangerous criminal is the scheming criminal, who never, if possible, lets his hand be seen. Circumstantial evidence is the only thing that brings the crime home to him. It was hard to say which was the more dangerous to the community, the man who had the brains to scheme, but not the courage to kill, or the man who had not the brains to scheme, but will take an ax at another's bidding and do the murder."

"Greed tempts many a man to his death."

"You may say 'circumstantial evidence is not reliable. Men have been innocently convicted on circumstantial evidence.' But, remember, all calculated crimes—all crimes that are not of the impulse of the moment—are brought home by

circumstantial evidence alone. The man who plots a crime plots it with no one to see him. Is the arm of the law so short that only the man who openly commits a crime can be convicted? If the stake is lost, you must find the spot with pointers."

"When you find memory keen on events that do not concern a man, and memory gone on events that do immediately concern him, what

can you say of him?"

"Honest men need never have any fear of detectives."

### MEDICINE AND THE NEW JOURNALISM.

In no province of human affairs are more striking illustrations of the mischief that may be wrought by an irresponsible press to be found than in medicine. When nothing better is to be had in the way of sensation, the eager scribe looks for "copy" in the marvels of medicine and surgery or the discovery of an elixir of life. The half-educated readers of a popular newspaper were lately told of a man who had one of his eyes split in two. This trifle was, however, easily remedied by an oculist, who "removed the injured eye, put it in a clamp, and welded the split parts together." The man regained the use of the eye, "the only difference being that he cannot gauge distances." The narrator of this wonderful story seems to labor under a similar defect in his mental vision—at any rate in respect to the distance between truth and falsehood.

Not long afterwards came the announcement of "one of the crowning triumphs of bacteriological knowledge of the nineteenth century" in the shape of a "cure for dysentery" which was credited to "Dr. Flexmer, a Paris physician." Professor Simon Flexner of Baltimore must have blushed to find the bacteriological good which he had been doing, if not by stealth, at any rate in the obscurity of the laboratory, transmuted into fame of this kind. The "breathing cure" was next offered as an attraction, but apparently failed to draw. This was succeeded by a veritable "boom."

It was announced that two professors of the University of Chicago (Drs. Loeb and Lingle) had made the marvelous discovery that "common salt, or chloride of sodium, administered in a certain manner, stimulates the heart and produces wonderful rejuvenating effects." It was added that the clixir had been tested on certain millionaires and members of Congress with such amazing results that exhaustive experiments were to be made in workhouses. Several doctors were, it

seems, so carried away by enthusiasm as to declare that it is an easy matter to prolong life to one hundred years. But why should we limit our aspirations to a miserable century or two? If salt really possesses a tenth part of the miraculous virtue attributed to it, it would seem that we have only to eat enough to make us live as long as Methusaleh. The only difficulty is that the price of salt will rise so high as to put it beyoud the means of any but millionaires. Poor men must give up the hope of pickling themselves into patriarchal length of days unless they have such a singular stroke of luck as befell Lot. Most of the newspapers have now discovered that there is nothing either novel or miraculous in the new Pentacle of Rejuvenescence. As all medical practitioners know, salt is one of the oldest remedies, and saline injections are no new thing. Nor, alas! are human ignorance and gullibility by any means new. The only new point in the whole matter is the New Journalism which, without inquiry or hesitation, proclaims urbi et orbi that the secret of eternal youth has been found in the salt cellar!

We have no reason to believe that the writers who started this "boom" are stupid or ignorant beyond the average of their readers. them it is probably nothing more than "Ducdame" was to the melancholy Jaques-" an invocation to call fools into a circle." That this, at any rate, has been the effect of it appears from the fact, which they chronicle with a chuckle, that a "salt-eating epidemic" is now prevalent in London. Now, salt is an excellent thing in moderation, but like other good things, it is, as every medical man knows, harmful in excess. In particular, it lies under serious suspicion of producing gout or aggravating the effects of that disease. Candidates for longevity who pin their faith on salt may therefore find that out of the new elixir comes forth a bane that may seriously imperil their chance of reaching the goal of centenarianism. It may be added that Professor Loeb has publicly repudiated the statements attributed to him in the daily papers. But this circumstance seems somehow to have escaped the notice of the papers which trumpeted his "discovery" to the world.

There are worse offenses to be laid at the door of the daily papers. Not long ago most of them were proclaiming that consumption had received its death blow at the hands of Dr. Hoff, Assistant in the Clinic of Professor Stofella (Vienna). A formula with which he was said to have wrought a number of cures was given in hopelessly inaccurate, and indeed unintelligible, form. Among the ingredients was arsenic, but such a trifle as this is nothing to your irresponsible journalist. It turned out that Dr. Hoff had made no pretense of having discovered anything new,

and had only published a paper in a Vienna medical journal of unimpeachable scientific orthodoxy. The prescription which he gave was one of several mentioned in the paper, and was quoted by the author as being that of the famous physician, Oppolzer. Its publication in the newspapers probably did no great harm directly, for no pharmacist would have made it up according to the formula given.

But the publicity given to the matter led to a claim of priority in regard to the treatment of tuberculosis by arsenic on behalf of Professor Armand Gautier of Paris, who was said to have for some time used arsenic in the form of cacodylic acid or cacodylate of soda with marvelous success. The expression is his own, if we may believe the correspondent who quotes the professor as ejaculating "C'est une merveille! speaking of the remedy. According to the interviewer, Professor Gautier went on to say that in the vast majority of cases the new medicine has proved literally a sovereign remedy. "Many consumptives have," it is stated, "under Professor Gautier's direction, taken the medicine continuously for nearly three years in perfect safety as regards the general health, and with the most remarkable results in respect of the reduction of the phthisis symptoms." It would be unfair to hold Professor Gautier responsible for the terms of these statements, which overstep the modesty of true science; but it is, we think, to be regretted that he should have given details of the mode of administration of his remedy sufficient to enable any patient to make trial of it on himself without medical supervision. How necessary such supervision is in regard to the administration of arsenic, the merest beginner in medicine knows; and Dr. Murrell has shown that the use of cacodylate of soda in the doses pronounced by Professor Gautier to be harmless is no means free from danger. We therefore feel it our duty to protest strongly against the publication, without saving clauses, of statements so likely to lead to rash self-treatment as those attributed to Professor Gautier.

This, however, is not the most serious objection to the uncritical reports of alleged medical discoveries in daily papers. After all, probably few people are foolish enough to drug themselves with arsenic without taking medical advice. The worst effect of reckless announcements of certain remedies for consumption and cancer is the false hope which they inspire in many poor sufferers whose last moments are embittered by the inevitable disappointment that follows. We do not ask the daily press to abstain from dealing with medicine; indeed we consider it of the highest importance that the public mind should be educated in these matters. It is in the popularization of scientific knowledge that lies the hope of sup-

pressing quackery, which is a weed that thrives in ignorance and credulity. All we ask of the lay papers is that they should not be so ready to publish false miracles of medicine; that they should show a greater sense of their responsibility to the public which it is their function to enlighten, not merely to amuse or startle; and that they should take some pains to separate the wheat from the chaff in medical as in other matters. We confess we have little hope that this advice will be taken to heart in the quarters where it is most needed, for unfortunately too often the sensational journalist, like jesting Pilate, asks, What is truth? and will not stay for an answer.

### THE CAUSATION OF SEA.

MR. THOMAS TUCKEY.

Long ago, in my lamb and salad days, I furnished an article to one of the medical periodicals bearing on the determination of sex. Some weeks afterwards I received a letter from a celebrated American ovariotomist, dated from New York, politely informing me that I was laboring under a misapprehension. He sent me statistics of many cases where my theory did not hold good; these statistics I have unfortunately lost, but they were convincing to the last degree. Sir John Falstaff, you may remember, had his own theory on the subject, and stated that milk and water fellows generally breed girls. This is contrary to my experience. Thus taking 150 first cases from my midwifery case book I find that of these 69 were males and 81 females. Of course the next 150 might reverse the proportion, but I think these 150 are fairly representative. Thus we see in first children, where the parents are generally young, the woman unexhausted and fresh, and the man not worn out by toil or other debilitating influences. there are twelve more female than male children. As far as my experience goes, I have often seen several female children at first, and then the long-expected son and heir. We know that among insects, bees, ants, etc., the sex of the grub is determined by the amount of food, and that on the loss of the grub which is to become the queen, the working bees can produce another queen by feeding up a grub which with less nourishment would become a worker—that is, an undeveloped sexual individual. There is a deep physiological fact behind the Irish skit of the squire's wife who was lamenting to her laborer's wife that she had no son, while the laborer's wife had several. "Try potatoes, ma'm," advised the peasant. In feeding and the relative strength of man and woman, I think, lies the secret of sexual development, and not in the presence or absence of either ovary.

### THE EXCISION OF HEMORRHOIDS.

By Walter Whitehead.

I was glad to read a criticism of a recent publication on "Diseases of the Anus and Rectum." The critic very justly comments on the two authors who condemn the removal of hemorrhoids by excision. These two authors state that their objections to the operation by excision are "that it leads to a severe loss of blood, is tardy in healing, and is liable to cause ultimate contraction of the lower part of the rectum." I very much appreciate your remarks when you reply that "all these objections are imaginary and none of these evils result when operations are carefully performed."

My experience of excision, which now covers a vast number of cases and extends during a period of twenty-five years, has completely convinced me that when the operation is performed as directed, and the common intelligent principles of general surgery are observed, there is no excessive hemorrhage, and I can absolutely deny that the slightest contraction of the lower bowel ever can or ever does take place. Unless some of the skin at the verge of the anus is sacrificed—which would be a distinct violation of the instructions given for excision—no stricture of the anus ever results. Contraction depends entirely upon the removal of skin, and the contraction bears almost an exact relation to the amount of skin removed. Cutting away the small tabs just outside the anus is one of the treacherous snares which is common to all operations for hemorrhoids and ought to be resorted to with the greatest caution and consideration. As to convalescence, I am positive that it is not only quicker but far more perfect than that following any other operation for the removal of hemorrhoids.

I cannot understand how the authors referred to can consider themselves entitled to express their opinions on the merits of excision when they so naïvely boast that they never employ any other method than that of the antiquated ligature. The patients I operate upon by excision invariably have an action of the bowels on the fifth day, and after that event they are at liberty to return home on the day following, and more frequently than not they are quite equal to resume their ordinary avocation within a fortnight. The ligature as applied to hemorrhoids is, after all, only a relic of the principles which dominated mediæval surgery and cannot compare in rapidity of cure

with excision. I may go further and assert that I have never after excision met with a single one of those numerous complications which other authors allege follow the use of the ligature. As a matter of fact, it was the tedium of recovery after using the ligature which originally induced me to abandon that practice for excision. What surgeon at the present day ligatures an artery when he can employ torsion? Early in my surgical career I recognized the absurdity and inconsistency of devising special and exceptional methods for removing a simple pathological condition like hemorrhoids, instead of treating them by the ordinary and rational rules of general surgery.

### OBSERVATIONS ON IODOTHYRINE, WITH SPECIAL REFERENCE TO ITS USE IN GOITER.

By E. Hoenigschmied, M. D.

Iodothyrine is a substance present in only small quantities in the thyroid gland of the sheep. It is supplied in the form of a trituration with sugar of milk, and usually dispensed in tablets. Formerly it went under the name of thyrojodin. Iodothyrine constitutes the active principle of the thyroid gland, being completely free from albuminous substances, because it is isolated and separated from the other constituents of the gland. It is a stable substance not susceptible to decomposition, of uniform character, and is directly assimilated; in consequence of which it acts more rapidly than the fresh gland or its extracts. In iodothyrine the iodine is in an organic combination, and care is taken that it is always present in the same proportion.

In the fresh and dried thyroid the active principle is combined with albuminous products, and for this reason its action is manifested only after the liberation of the iodothyrine in the organism and its separation from the other albuminous substances. Owing to the presence of the latter, thyroid extracts are prone to decomposition; furthermore, the amount of iodine contained in them is apt to vary, and this is of great importance, as it does not permit the physician to keep an exact control over the quantity of iodine administered. On the other hand, iodothyrine always contains 0.003 iodine to every gram, and hence it is possible to maintain a close supervision over the amount administered and the effect produced. The action of iodothyrine is both general and local.

The general effects are evinced by an increased excretion of urea and a corresponding loss of flesh. An abundant elimination of urea, how-

ever, is not a constant phenomenon, while emaciation is apt to occur within a comparatively short time.

The local effect is variable, according to the nature of the disease in which iodothyrine is employed. It has been used in goiter, obesity, myxœdema (cretinism), psoriasis, eczema, gout, arterio-selerosis, rickets, menorrhagia, etc. According to Gautier it produces increased formation of lime salts in the callus, after fractures of bones.

I have not myself had an opportunity of employing iodothyrine in all the above-mentioned diseases, and will, therefore, confine myself to a report of some of the cases treated by me.

Case I.—A laboring man, forty-two years old, had suffered several years from an enlargement and induration of all the lobes of the thyroid gland. The enlargement was considerable and caused compression of the structures of the neck. marked dyspnœa, manifesting itself by a whisthing sound during respiration. The patient was harassed by constant hoarseness, had a short, dry cough, difficulty in swallowing, and complained of vertigo. Physical examination revealed nothing abnormal except a pharyngeal and laryngeal catarrh. For the cough I prescribed heroin in powder form, together with frequent gargling. For the goiter I ordered 5-grain tablets of iodothyrine, of which I was to be taken at first every evening, and at the end of a week twice daily. After the use of twenty-five tablets the enlarged thyroid gland became much smaller and softer, and the previously hard and resistant nodules elastic; the preparation was continued for two more weeks, when the gland was so much diminished in size that only remnants of the goiter remained. Inunctions were not employed, so that the effect must be ascribed to the iodothyrine.

Case II.—A man, sixty years old, presented an enlargement of all the lobes of the thyroid gland; the right lobe especially had the form of a large ball, while the middle and left lobes, aside from several irregular nodes, formed a considerable uniform swelling, which was united on the right side with the globular portion. The difficulties in breathing were very pronounced, each inspiration being accompanied by a loud, whistling sound. The treatment consisted in the administration of 2 iodothyrine tablets daily in the evening; after twelve days a considerable diminution of all the structures of the gland, excepting the globular tumor, was perceptible; the indurated nodules were softer; the globular swelling more elastic. As no unpleasant symptoms occurred, the treatment was continued in the same manner. At the end of another two weeks the diseased portions of the thyroid, anteriorly and towards the left side, which surrounded the neck

like a ring, were much smaller; on the other hand, the globular portion of the right lobe was apparently unchanged, while the other parts of the right lobe which were not involved in the cyst had undergone a marked reduction in size, in consequence of absorption. No phenomena of thyroidism, such as tremor, cardiac palpitation, dyspnæa, were present, and no other unfavorable effects of any kind appeared; accordingly the dose was increased to 3 tablets daily, and after four days to 4. This treatment was continued until the goiter had entirely vanished. The cyst, however, remained uninfluenced by the iodothyrine medication. The entire duration of the treatment was about two months.

Case III.—A man, forty-five years old, of medium height, in a sedentary occupation, taking but little exercise in the open air, suffered in consequence from marked obesity, with vertigo, dyspnœa, and great weariness after a moderate walk. The pulse was full, 76 per minute; the secretions and excretions normal; appetite and sleep good. The bodily weight was 230 pounds. The treatment consisted in the restriction of diet, a recommendation to take more exercise, which was not followed, and the administration of a 5-grain tablet of iodothyrine. After four days this was increased to 2 tablets daily. The patient was weighed on the eighth day, and was found to have undergone only a trifling reduction. The dose was, therefore, increased to 3 tablets, and at the end of four days to 4 daily. This was followed by an abundant excretion of urine, which was free from albumin. The patient claimed to have less difficulty in breathing, and to be able to walk about better. His weight, eight days after the first weighing, was 228 pounds. daily quantity of iodothyrine was increased by I tablet every four days, and in order to prevent the occurrence of thyroidism Fowler's solution, 4 drops in water, was administered. The loss in weight progressed very slowly, even under the use of 10 tablets daily, although no unpleasant effects were observed by the patient, who was satisfied with the steady diminution in weight from week to week. The increase of dosage by I tablet every four days was, however, continued until the number had reached 13, which was followed by a reduction of six pounds during the week. This dose was kept up for eight days more, with a reduction of an additional eight pounds. The number of tablets was then reduced to 10 daily, which were given for three weeks, the resulting loss of weight being about two pounds weekly. The dose was now further reduced to 8 tablets, and lessened by I tablet every fourth day. The treatment was discontinued after the weight had been reduced to 190 pounds. Albumin or sugar was never found in

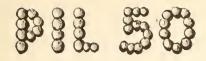
the urine, and the patient made no restrictions in his mode of life.

Of course, such treatment requires patience and perseverance on the part of the patient, and a constant supervision by the physician, inasmuch as the entire cure occupied more than three months, and iodothyrine is not an indifferent remedy. It is of great value to possess a drug which is adapted for the treatment of obesity, without the patient being compelled to leave his vocation and spend a number of months in the baths.

I would recommend in all cases in which iodothyrine is employed to commence always with I tablet, and, if no disturbance occurs, to increase by I tablet every four days, until the desired effect is obtained. It is better to attain our object in this slow manner than subject ourselves to the risk of producing thyroidism or other disturbances by too large initial doses—Aerztl. Central Zeitg., No. 6, 1900.

### THE RICHFIELD MEETING.

All prophesies of failure for this meeting, so far as numbers are concerned, proved unavailing. It was one of the best meetings of recent years. Very nearly three hundred members, and about two hundred visitors, were registered. The weather was pleasantly cool, sprinkly, and showery; the atmosphere conducive to rest. The hotel accommodations were of the best, and, considering the large concourse of people suddenly massed upon them, the Hotel Earlington showed consummate skill and rare executive ability in preventing friction and dissatisfaction. The places assigned for the sectional and general meetings were good, and as the quiet of a village reigned without, no trouble was experienced in hearing. Both coming and going the D. L. & W. Ry. gave us a special car between Richfield Junction & Richfield Springs, and in other ways deliberately went out of its usual way to make the Institute membership comfortable. The sulphur baths, to which the Institute membership had a free card, were in some few instances made use of; but the weather being averagingly cool, hot-weather bathing was not suggestive, and the sulphur bathing only as a novelty. Reserving for a future issue what we may conclude to say concerning the conduct of the Institute, we close by saying that Dr. J. C. Wood of Cleveland was elected president by a handsome majority-Dr. J. P. Cobb of Chicago opposing; and that, from present appearances, Cleveland will be the next meeting place.



### PRAISE FROM SIR HUBERT.

The following case of an idiosyncrasy to gelsemium, reported by Thos. H. Amyot, M.K.C.S., etc., giving rise to somewhat alarming symptoms from an ordinary dose of a drug

in very common use, appears worthy of note:

A young lady, aged about twenty-two, not at all of neurotic tendency, sent for me hurriedly. She informed me that she had always enjoyed perfect health with the exception of occasional slight attacks of facial neuralgia. She had been out driving in the afternoon with friends in a cold wind, and on returning, feeling some slight twinges of pain, sent to a chemist, and got a bottle of his "Neuralgia Mixture, or Nerve Tonic," and took one dose; afterwards having tea, and sitting down to play "patience" with others. About three-quarters of an hour later she got up complaining of her head, and saying that the pips on the cards were all "swimming," and she could not count them. She said she would go and lie down on her bed. About an hour later her friends called her, but could get no reply. Finding the door locked they got in by another, and found the patient lying back in an armchair in a semi-conscious condition. Being roused she was able to stagger to her bed, complaining of headache, extreme giddiness, of having "lost her sight," and of feeling as if drunk. When I saw her some two hours after having taken the medicine, she was on the bed complaining of the above symptoms, drowsy but easily roused, and not at all incoherent in her speech, declaring her belief that she had been poisoned by the "nerve tonic." The pupils were slightly dilated and quite insensitive to light; there was no marked diplopia, but the sensation of giddiness and swimming of sight was extreme; the upper eyelids were drooping and only raised with effort; she spoke of an indescribable feeling about the mouth as of stiffness or numbness; there were slight spasmodic quiverings of the abdominal muscles. On getting her up, her walk was very staggering. She had no heart symptoms, but the pulse was rather slow and feeble. After an emetic she began to improve, and with a good night's rest she was almost right next morning, thought still complaining—eighteen hours after the medicine—of slight giddiness and "swimming" of sight. Her memory as to what passed the previous night was

very hazy. She believed that on going to her room she slept, and, on waking, got up and endeavored to get to the chair, but staggered so much that she missed it and fell on the floor, afterwards getting into it. She distinctly affirms that she heard her friends calling and knocking, but was unable to answer them. On calling at the chemists' I was shown the formula of their stock "neuralgia mixture"; it contained only ammonium bromide, ammoniated tincture of quinine, and tincture of gelsemium m x B. P. It is clear that the symptoms were due to the gelsemium, although only one dose  $(m \ x)$  was gone from the bottle, which I took away with me, and there seems no reason to suspect careless dispensing, as I took the same dose myself from the same bottle without any symptoms. Of the stock of forty bottles, about half had been sold without any complaint. Ringer in his "Therapeutics" mentions the case of a girl aged fourteen, in whom m x of the tincture produced complete ptosis after each dose. Whitla in his "Treatment," after a caution as to the great difference in the susceptibility of different patients to this drug, suggests that the dose of the tincture should not exceed m xx, to begin with. I am unable to find more in the books which I have at hand as to this; but the extraordinary susceptibility of a patient to gelsemium appears worth noting.-

British Med. Journ.

But no thought of Homeopathy! Nay, nay; perish the thought! Even the reference to Ringer's "Therapeutics"—which latter has been built up by generous and benevolent assimilation from the homeopathic text-books—causes Dr. Amyot or the Brit. Med. Journ. editors to stop a half-instant to consider the value of such proving of gelsemium. You noticed, too, did you not, that it is written gelsemium à la homeopathy, and not gelsemium à la allopathy?

### BITTEN BY A SNAKE SEVEN YEARS DEAD.

"Truth," it is said, "is often stranger than fiction," and if what follow is not strictly the truth [says G. W. Ilarvey, M. D., of Watsonville, Cal.], 1 am not to blame, unless it

be for repeating to the profession what I got from the laity. In Glendale, Utah, lives a gentleman, Mr. Smith, for some years a patient of mine, who gave me the following account of the effects of a bite from a snake that had been dead seven years. We were at his home at the time, and pointing to a bit of land below his house, he said: "Ten years ago I killed a rattlesnake in my garden there, and from that time to this his bones have been plowed under and turned up to bleach in the sun until I suppose there are none of them left. I had long since forgotten about the snake and his bones until one day in July, three years ago, I was grabbling some early potatoes for supper, when I got a prick in the middle finger that made me stop for a second. I pulled the offending object out of the flesh, and was about to drop it in the vines, when its odd shape struck me, and I began to examine it more closely. It seemed to be a piece of a bone; and, indeed, it was one of the fangs of the rattlesnake that I had killed there almost, if not quite, seven years before. finished my potato-digging, and thought nothing more of the matter until two or three hours afterward, when my finger began to swell and pain me like the old scratch. A physician was summoned, and active measures taken to prevent any serious consequences; but in spite of all that could be done blood-poisoning set in, and the whole inside of that finger sloughed out, and left it a stiff, crooked and withered bone, as you see it; and every year since, in August, that whole arm swells up and gets spotted like a rattlesnake, and pains me to beat the torments for a week, and sometimes longer."

Now, gentlemen, hand in your theories. Here is the fang of a crotalus that has lain for seven years, wet by the dews, washed by the rains, scoured by the soil and plow, harrow and cultivator of the farmer; frozen by the ice and snow and cold of winter; thawed and warmed by the sterilizing rays of the sun, and yet possessed of sufficient virus to poison a man unto death, had not active means been used to prevent the same. Talk about the power of the hundred thousandth potency of lachesis, and then figure up how much kali. phos. and ferrum phos, this equalized or displaced in the system in order to cause such a lack of these salts that blood-poisoning could follow! This sort of dosage wouldn't make a ghost for the tallest Hahnemannian attenuation, and yet notice the results! "Ex nihilo nihil fit."-California Med. Jour.

This is a very good high-potency story. And how the other, and the no-potency homeopaths will flesh their chaps and say derisive language and things! Our poet-laureate Helmuth told the profession once upon a time of a fly which bites only after its death—the Spanish-fly. And this snake story told a little out of the climatic season seems a fit companion.

#### TOO MANY REMEDIES.

Drugs in the Treatment of Disease. - In a discussion of the place of the general practitioner of medicine in this age of specialists, contributed to The Review of Reviews (April), Dr. Augustus Caillé takes occasion to condemn what he calls "the drugging habit," of which, he says, the ordinary "family doctor is still guilty to a remarkable degree. Says

Dr. Caile

"I know from personal observation that our cousins across the water do not prescribe or swallow one-fourth as much medicine as we do in our country. With but few exceptions, the entire vegetable and mineral kingdoms have given us little of specific value; but still, up to the present day, the bulk of our books on materia medica is made up of a description of many valueless drugs and preparations. Is it not to be deplored that valuable time should be wasted in our student lays by cramming into our heads a lot of therapeutic ballast? If our professors of materia medica in the undergraduate colleges are reticent in advancing the truth, the whole truth, and nothing but the truth, then it is time for us to tell them that they are to a large degree responsible for the desire on the part of the many practitioners to prescribe frequently, and without good cause, an unnecessary quantity of useless drugs. Every few weeks new drugs and combinations of medicaments are forced upon physicians with the claim that they are specifics in the treatment of disease; and the physician, in his anxiety to alleviate his patient's sufferings, because the simpler and more reliable agents have failed him, is gulled into trying the newly extolled remedy, only to find that it is still less efficacious than the old one. The common-sense practitioner knows by experience that constant, frequent prescribing of innumerable drugs only ends in detriment to his patients. A working knowledge of hygiene and dietetics, climato-, hydro-, and mechano-therapeutics, simple medication, and few drugs are the successful agents in internal medicine; and the sooner the physician will condense his pharmacopæia and materia medica to a vest-pocket edition, the more readily will his efforts meet with success in the practice of his profession, and the sooner will the 'Christian Science' delusion disappear."-Literary Digest.

This was evidently written to apply to socalled rational medicine; but, on careful thought, does it not apply with almost equal force to the materia medica of the homeopathic school? Some few months since we wrote a paper, for a nearby homeopathic society, in the course of which we referred to our habit of concentrating our carried-remedies to thirty, and using these more frequently than all others. A brother, in discussing the paper, wondered greatly that so few remedies could be made to suffice. Still it is true that among the older practitioners in our school, as with those of the old school, fewer remedies are the vogue than with the vounger membership. If the upwards of five hundred remedies of our homeopathic materia medica were as well proved as thirty that can be easily selected, then no excuse would lie for not carrying all of the five hundred to each case. But they have not been so proved, and there seems no present likelihood that they ever will be. Why not, then, stick closely to those remedies which have been well tried and not found wanting; remedies of which we know almost every possible condition; instead of trying to use remedies of which we know only a few leading characteristics. Recall, for instance, Hale's "New Remedies," and Anshutz's "New, Old, and Forgotten Remedies," and Hering's "Guiding Symptoms," and then repeat to yourself how little the vast majority of these remedies are known or used. And when used through recommendation of some

enthusiastic writer, it will be found, in the main, that the use is predicated upon some very special characteristic, found to prevail in a given disease, and not upon the totality of the symptoms, which latter is homeopathy, while the former is not. Our materia medica is an "embarrassment of riches"; it deters our students from taking to it kindly. And since materia medica is the one and only distinguishing feature of our school, instead of shrouding it in untold confusion, and surrounding it with a dense air of mystery, let us the rather tear away the cumbering cerements, and give our students—under and post-graduates —a series of practical, well-tested remedies, for instant use. By this statement we do not wish to condemn the remaining materia medica; we use a great many of the remedies; we do so chiefly in chronic and office cases; and by means of books and repertories. But for the daily routine, the house-to-house practice, and the practice which requires instant application of remedies, we find nothing so sure-footed and reliable as the old thirty remedies of Hahnemann.

### Book Reviews.

Practical Homeopathic Therapeutics. Arranged and Compiled by W. A. Dewey, M. D., Professor of Materia Medica in the University of Michigan Homeopathic Medical College; Member of American Institute of Homeopathy; Corresponding Member of the British Homeopathic Medical Society and of the Société Française d'Homéopathie; Author of "Essentials of Homeopathic Materia Medica," "Essentials of Homeopathic Therapeutics," etc. Philadelphia: Boericke & Tafel. 1901.

Dr. Dewey is becoming quite an author and compiler. We welcome this as the first book received for this new year; and we are glad to consider it a good omen that that first book is a homeopathic book, one of that old-fashioned kind of homeopathy which ought to be once more reestablished in our colleges and be taught from the first moment of matriculation. It is evident, of course, that Dr. Dewey is only a compiler, or rather an editor, since the Therapeutics of Homeopathy have been a known quantity long before Hahnemann went to his long home. But Dr. Dewey has the pleasing fashion of presenting his subjects so that the students, as well as the post-graduate and he who is ready to retire from the field by reason of age and weariness, can readily understand and appreciate the work. He takes the commonly reported diseases and, ar-

ranging them in alphabetic order, plunges at once into the materia medica. He loses no time in idle speculations as to the origin of the disease, or in the exploiting of the various men who lay claim to its discovery; he uses no gluepot or kodak; he steps at once into homeopathie materia medica, and there you are. It will be a bitter disappointment to many of the graduates of our homeopathic colleges when they turn up, let us say, the division on Diphtheria, and find no widely discussed treatment by antitoxin, and truck of that order. No; Dr. Dewey assumesand if homeopathy is right, is not his assumption correct—that all curable diseases are treatable and curable by homeopathic remedies. And anti-toxin is not a homeopathic remedy. This is essentially a homeopathic text-book and will glad the lovers of homeopathy. The materia medica, it is needless to add, is superb. The book is all right and deserves a place on the working shelf of every homeopathic practitioner.

Atlas of the External Diseases of the Eye. Including a Brief Treatise on the Pathology and Treatment. By Professor Dr. O. Haab of Zurich. Authorized Translation from the German. Edited by G. E. de Schweinitz, A. M., M. D., Professor of Ophthalmology in the Jefferson Medical College, Philadelphia; Consulting Ophthalmologist to the Philadelphia Polyclinic; Ophthalmic Surgeon to the Philadelphia Hospital and to the Orthopedic Hospital and Infirmary for Nervous Diseases. With 76 colored plates and 6 engravings. Philadelphia: W. B. Saunders, 925 Walnut Street. 1899.

This is one of a series of atlases being issued by this enterprising book-publishing firm, and any one of which books is a little treasure in itself. Instead of large, unportable books giving pictures, that could not be conveniently placed upon any ordinary bookshelf, this Atlas is of the ordinary book size and can be carried in an overcoat pocket. The pictures in colors are the very nearest to looking at a diseased eve, for naturalness, that we have ever seen. They are truly fine. The letterpress of the little pocket Atlas is of the best. The specialistic part of the work is something with which we claim no special familiarity. We are not quite as bad as Pemberton Dudley confessed himself to be once upon a time, when he said he couldn't tell a glaucoma from a glass eye; still we do not want to train as an eye specialist. The eye is altogether too important an organ to meddle with. For this reason we have pleasure in recommending this splendid book, for it will show the general practitioner what form of eye disorders are common, and those, too, with which he had better not interfere. It is wise to recognize our limitations sometimes. The other atlases of this series are rapidly issuing from the press and will make a fine series of practical books; a series which every progressive physician should have near at hand. The day of big and ultradignified text-books is rapidly waning.

## Correspondence.

Editor Homeopathist:

In a recent issue you say: "The female graduates in these two colleges (Chicago Homeopathic and Cleveland) are quite infrequent. What does this mean?" I would suggest, as far as the former college is concerned, that it is because that institution has not, for years, allowed the matriculation of female students.

W. B. Clarke, M. D.

Indianapolis.

Editor Homeopathist:

In the case of the City of Pine Bluff, Ark., vs. Dr. Wells LeFevre for refusing to be vaccinated by scarification, I regret to say that my attorneys have been unable to get a trial, though they have made all sorts of propositions to effect this, since we wished to make a test case of it. After careful investigation the attorney for the prosecution dismissed the ease and Judge Grace, presiding, commended that act by adding his personal opinion that, for unwarranted invasion of personal rights, this attempt surpassed anything in his knowledge.

The imposition of compulsory vaccination by scarification has thus received its coup in this part of the country. The feeling against it, already strong, has been greatly intensified by this

Only a few cases of our present epidemic remain, and all these are among those who have been "successfully vaccinated," so I hope to soon be able to report my experience with internal vaccination, which has now carried me through three epidemics without a failure up to date.

Fraternally yours,
Wells LeFevre.

### Globules.

—Our business manager, in making his customary visits among our patrons, has recently had the pleasure of again inspecting the estab-

lishment of Drs. Seward, "Interpines," at Goshen, N. Y., and brings us glowing accounts of the success of this thoroughly well and favorably known institution. The place is full, and is in every way worthy of commendation, and the proprietors—Drs. Seward, senior and junior,—are certainly to be congratulated.

Physicians having intractable neurotic, or mild mental, cases can find no superior institution in which to place them, and the established reputation of the place for kindly care and skillful management and treatment gives a full guarantee of satisfaction to both physician and friends.

—George S. Dobbins, who has been wholly blind for more than eighteen years, recently graduated from the Chicago Homeopathic Medical College.

—A correspondent asks for a list of the States which have come together and accept each other's medical registration certificate, in exchange for Michigan, and he wants to know if Connecticut, Massachusetts, Rhode Island, or any others do this.

—On Saturday night, June 8, the Canton Surgical and Dental Chair Co.'s plant was almost totally destroyed by fire. They lost their entire stock, while their building was damaged to such an extent that it will require to be rebuilt from the first floor.

The company has the sympathy of all their friends and patrons in this great loss.

—Ambrosia trifida, or rag weed, has been recommended as a prophylactic for hay fever by Dr. Curtis of New York, and he believes himself prepared to confer immunity to the malady with this remedy. He thinks that an attack can be completely avoided by taking 2 to 10 drops of the tincture or fluid extract of rag weed three times daily, during the two weeks preceding the expected attack.

—Professor N. B. Delamater, who has been connected for twenty-five years with the management of the Chicago Homeopathic Medical College, was presented with a beautiful silver loving cup, by his confrères on the faculty of that institution, at a meeting in June. Dr. Delamater was very much surprised and overcome by the unexpected token of regard, and for some moments his voice was choked as he attempted to express his thanks for such an expression of affection.

—A new theory of the causation of fixed wryneck is given by Dr. C. B. Keetley. Briefly stated, it is that the contraction of the sternomastoid is not due to the ruptured muscle fibers, but to the torn vessels inside the muscle-sheath

producing eventual contracture by a process which may be analogous to the production of shriveled ear after hematoma auris. There are many facts to which the theory might be fitted, and it is well worthy of thorough investigation.

-We have recently read "The Reality of Human Vivisection" A Review of a Letter by William W. Keen, M. D., LL. D., late president of the American Medical Association, evidently an emanation from the President of the American Humane Association, which puts a decidedly sinister aspect upon Dr. Keen's letter, and proceeds to show that human vivisection has been and is being practiced in our day. The form of vivisection complained of is that of the grafting of cancer tissue, and the use of thyroid tablets and the like upon and within babies and adults of ordinary health. Whether the political maxim, "the greatest good for the greatest number," may ever be applied to the physical domain is open for debate—especially, when applied to this special form of experimentation. That it has been, and is still being, applied is not open to debate or doubt. To us it would seem as if surgery-for in the main, these experimentations are made in the interests of surgery and that domain—is getting a series of laurels which may yet be its undoing. When, to follow a scriptural reference, the peoples of an earlier day built them a tower to reach to Heaven, they were smitten with a confusion of tongues, and the work came to naught. There is a line of sanity in surgery as in medicine and in other relations in life, to go far beyond which is hazardous. Surgery, which, in our own homeopathic schools, lays claim to the only advances made since homeopathy began, is like to get beyond its limit, and so undo the good it has done, and bring itself into public discredit and abhorrence. Serum therapy has much to answer for in the presentday madness for operations and more operations. It requires no unusual acumen to prophesy theat a reaction will come, even in our day, when the flow of blood will be less in our hospitals, and the study and use of the milder measures will be again encouraged. There will always be need for surgeons; but the most eminent of these must admit, and do admit, that there are too many surgeons, and too many operations done to-day. The pamphlet referred to is a sharp arraignment of Dr. Keen, and incidentally makes its point of the prevalence, here and there, of Human Vivisection.

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# The American Bomeopathist.

JULY 15, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

### OUR PORTRAITS.



ROBERT NEWMAN, M. D., New York.

T was a battle of the Titans. Worlds (of words) were hurled at each other. It was indeed royal sport—if you didn't happen to belong to either side. It began several months ago, even as far back as Washington, if not at Atlantic City, and culminated at Richfield Springs. There will perhaps never again in the history of the American Institute of Homeopathy be brought together so many prime causes of dissent and consent as at the recently adjourned sessions. The immediate battle raged for days preceding the actual materializing of the American Institute. Many of the attendants upon the independent organizations held over from their adjournment in order to take an active part in the

election battle. Men came as late as Thursday morning, just in time to cast their ballot, and disappeared again with the first train thereafter. Every conceivable measure was pressed into service to serve the end of the opponents. And thus laboring the Titanic host spent its waking hours—and there was no sleep from Monday to Thursday morning—until twelve of that day sounded from the village steeple. Then the ensanguined hosts threw down their battered arms, and again became the American Institute of Homeopathy. The seething camp of politicians, as by the touch of a magic wand, disappeared, and in its place arose the Brethren of Homeopathy. Then it was presently known that Dr. James C. Wood of Cleveland had been elected President by a very handsome majority, and Dr. Charles Gatchell of Chicago the General Secretary-not quite so handsomely attended with a majority vote, but enough, yes indeed, quite large enough, to bring him under the wire, a sure winner. And these are our new officers. Being good Americans, and, as well, good American Institute of Homeopathy members, we stand by the ballot, and welcome these gentlemen and physicians as and for our new chief officers for the ensuing year; and promise to do all in our editorial power to make their official work a success.

I ONG before the Institute formally disbanded on Saturday afternoon, the acrimony of the campaign had measurably subsided, and saner methods of action and speech, and less of personal invective, had obtained. It would be an easy matter to prophesy backwards, and point out how this heated battle was lost—and won. But of what avail? Many, full many, have been the things done and undone, the words said and implied in the most recent past of the Institute life that could be held up to justifiable execration and deserved contumely. But, again, of what avail? There was as much thunder on the one political side as there was lightning on the other. The issues were well defined. There could be no doubt of that. No one was left long in doubt as to which side in the contest he must

take. Deplorable things were said and done in the heat of the campaign, as they always are in any political campaign. The American was in his element. He had friends to reward and enemies to punish. And he minced neither words nor actions looking to that The welfare of the Institute, nav, the very ends of the earth, lay in jeopardy. Both sides fought a "machine." After all, it was but that overmastering power of the fighting blood which inheres in every American, take him wherever you find him: that blood which fights his enemies, sometimes his kindred, nay. himself at times; that blood which made so famous the Blue and the Gray of our own dear land; but when the battle was ended the Blue and the Gray, like the brothers they are, and always have been, became again in actuality brothers once more, serving under the same Old Glory. There is no gingerbread-soldier about the American. There was no pretense about the American Institute membership in the battle just closed. It was give and take, and with a large hand. And for hours the chances seemed equal. No one knew absolutely at the closing of the polls on the eagles of which party victory would descend. But when the fighting was done, the brotherly feeling came back; and the erstwhile fierce combatants, who would not look at each other as they passed and repassed on the Earlington porch, or in the dining room, sat them down in snug, cool corners, above and below stairs, chatted about old times, "rushed" the three-legged loving-cup, and recounted the camp scenes as true soldiers always do. They left Richfield Springs better and stronger men and better homeopaths than when they came.

A MONG the business transacted—or rather proposed, and, in effect, transacted—because proposed and put into the hopper by the successful majority, for next session, when it will be transacted with a whoop and a hurrah—was the Runnels' proposition to return the independent sections to the Institute; to wipe out the present sections of a similar name and intent; to unite them again with the American Institute of Homeopathy; and so remove from it all danger of immediate or ultimate disintegration. On one morning of the early sessions a palpably burlesque resolution was introduced calling for the formation of an independent section, The General Practitioner's Society, with officers, obligations, duties, fees, times of down-sitting and uprising, and so forth. Runnels' proposition was the outcome of that resolution, as was previously well understood it would be. But, alas, for the honesty of intent of the Runnels' Resolution, if carried into execution as proposed, and as now

awaiting its grist in the hopper! It will forever destroy the American Institute. And why? If the movers of this plan had been really solicitous for the good of the Institute, and not so much for the specialism which each member of that committee represented, why did they propose to make an independent organization of each department; each such department electing its own President, Secretary, and other officers; taking care of its records; and then tendering its share of cost of printing their special Transactions in the American Institute Transactions? Under the proposed reorganization the Specialty Departments are THE Institute! For they leave but one section in that Institute and over which the President of that Institute has any control-namely the section in Materia Medica and Therapeutics! Everything else in the way of appointments of chairmen is cut away from Dr. Wood. The office of President is made as colorless as that of Governor of Ohio.

BUT the graver peril is this: that the sections thus independently officered have the right to select their own time and place when to sit and have their love-feasts, provided only that they shall begin with the regular Institute date and shall not fail to properly curt'sy to the Institute at stated times. After that, each section may meet at any time, at any place, sit as long as it wants to, irrespective of every other section. So that the old, old complaint will be heard, that the Double O.'s & L. fellows have no audience because the Gynecology fellows have taken away the best timber. The Obstetric fellows and fellowesses will "kick" because Materia Medica is set for the same hour. And so on. And so forth. Do we not all remember this old plaint so many, many, many times sounded in our ears? And now we offer deliberately to go back to that ancient vomit, and hope to overcome the difficulty by equally deliberately declaring that our section is the section; that we will take the best time and place we can lay our hands on, and the devil take all the rest,—if he wants them,—especially the Materia Medica folks. What do we care! If these gentlemen, Specialists and Members of the Institute, had had any time to look over the last programme, they might have seen that there was an abundance of time for each section; and more could have been had, if needed, for there were spare hours to burn. What the American Institute should object to. and most decidedly, is the attempt to let any one section run the whole. The departments now recognized as quasi-independent—and which in themselves were so many slaps in the face of the Mother Institute—could easily be reorganized under the present Institute plan, and abundant

time given for their deliberations. Nay, it might even be agreed to let each department sit as long and as fast and as hard as it pleased, if that also pleased the rest of the Institute best. But to make that department absolutely and arbitrarily independent of the Institute in the selection and election of its officers, and its dictation to the Institute as to what part or all of its proceedings MUST be printed,—because for sooth they offer to pay their pro rata of the expense, is only another and far more dangerous project for absolutely destroying the American Insti-tute. Has not the American Medical Association had this plan in trial for years; and has it not come to such notable grief that it is again tinkering with its by-laws in the hope to amend this most grievous fault and thus bring the membership once more together as a whole? Let the Runnels Committee forget its specialism in dealing with this dangerous question, and work from the standpoint of mere membership in the American Institute.

A NOTHER matter of business has been shoved into this same hopper, and, unless carefully watched, will be pushed through next vear—because, if the same forces are present at Cleveland as were at Richfield Springs, and unless our new President takes a firm and patriotic hold on his gavel, everything this year and next year proposed will go with a musical swing and a dull thud. And this has reference to a resolution or amendment offered by the only Bushrod James, to increase the salary of the Recording Secretary. A little boy had a new ten-cent piece in his breeches-pocket, and it burned, and it burned, and it burned, until he took it out and spent it. The Institute, under the extraordinary effort and stress made for a large meeting at Richfield Springs, has been enabled to add several extra dollars to its exchequer. Now we will emulate the Denver act. and give it away to our friends! For to the Victors belong the Spoils! But let us think this matter over a bit. If the Runnels' Reorganization becomes a fact and a law, as it doubtlessly will under the "if" several times hereinbefore stated, then each department of medicine and specialty of the Institute will elect its own President, Vice Presidents, Secretary, General and Recording Secretary, and other officers; it will take care of its own stenographer; prepare its own record; and when completed will hand that to the General Secretary of American Institute, with the command that that be printed, in its entirety, and not submitted to a Publication Committee which, on this or that specialty, doesn't know beans when the bag is open. Will the best friend of the proposed increase of salary of the

officer referred to-to wit: Bushrod James, and his suggestor and abettor-then say why that Recording Secretary should have additional pay, when his actual services will now be reduced to the hiring of One stenographer for the One remaining American Institute Section: that of Materia Medica and Therapeutics, and a watchingout for the General Sessions? Why, look you, Bushrod James & Co., some economically inclined Institute member, some watchdog of its treasury, with a proper second, might, and with much real truth too, say that the newly elected able and active General Secretary, Dr. Gatchell, could just as easily do that part of it, and so cut out the subsidiary office entirely; thereby not only not adding several hundred "plunks" to the tax duplicate of the American Institute, but in reality cut out a very large and appreciable amount entirely. Under the Runnels' Reorganization there will be no longer any need for a Recording Secretary of the American Institute of Homeopathy.

VERY nasty snarl has already developed. The place-of-meeting was the practical fighting-ground of the whole session. Effort upon effort was made to arrange this matter so that no future Executive Committee could ever again subvert the expressed will of the Institute in convention assembled. It was postponed from one day to another on a special order. When it came up at last, after suggestions and suggestions, after wary sparring and parliamentary rapiering, it resolved itself into a pronounced wish that, because of the abundant and apparent success of the present session in a watering-place, away from the attractions and distractions of a large, hot city-with a possible bear-garden adjacent, the Institute go not to a city—George Peck even trying to make it strong by qualifying with the word "large." Dr. Kinne, Dr. Cowperthwaite, Dr. Peck, Dr. Allen, and a number of those present and participating in this debate understood the motion as several times amended, and eventually substituted and again changed to be, That the Institute leave the choice of the next place of meeting to the incoming Executive Committee and that no city be selected. Thus the motion was put, and so the vote was taken. This, too, was the understanding of President Norton, who presided and put the motion; and he was wonderfully astonished to learn, within a half-dozen hours after the adjournment, that the party in power would next vear take the Institute to Cleveland, where it was needed! The snarl was undoubtedly precipitated and intensified by the several motions of Bushrod James, who insisted upon considering the present motion as a con-

tinuation of the motion made on a preceding day—at which time it was the intention, then and there, and at that very moment, to carry the place of meeting, while the large audience was in attendance. At that time, several places, Cleveland among others, had been placed in nomination; but because of the absence of certain deeply interested people who were necessarily engaged in other far more important matters, it was deemed best not to take action, but to make "the selection of a place of meeting" the Special Order for the day and hour subsequently specified. And there stands the snarl. Make the best of it, gentlemen. President Norton insists, and so do the mover and seconders. that the motion as carried was that no large city, nor indeed any city, but the rather a wateringplace or springs should be selected by the incoming Executive Committee. We greatly fear that the incoming Executive Committee has shouldered itself with as serious a problem as the last Executive Committee had to confront. The question is by no means settled. And it will grow larger and more formidable as the days glide swiftly by. The membership at Richfield Springs were amply entertained—they were satisfied in every particular: hotel, vaudeville, and railways; and enjoyed the immunity from distracting side-shows and hot-brick sidewalks and cribbed, cabined, and confined opera-houses and public halls. Now to again undo the will of the people will be a dangerous experiment.

S () far as the Hotel Earlington was concerned, it would have been difficult to have selected a better place as and for our caravansary. For a day or two after the great mass of the Institute poured in there was a bit of confusion; but quickly, under the able direction of Mr. Earle, and the competent executive ability of his aids, order was brought out of chaos, and thereafter no more trouble was found. The table was uniformly excellent; the service quick and intelligent; and in every way the hotel personnel was fine. The entertainment provided by the Hotel Earlington was ample and choice. There were hops and progressive-euclire parties and private dinners; and outside the hotel other modes of passing the hours for those who were not actively engaged in politics or Institute matters. The vaudeville performance was interesting, and greatly enjoyed. The railway bringing this large horde of people was the Lackawanna in especial, which put special cars on for those who wanted to reach the Springs quicker than by the ordinary route. It seemed a little difficult to find the proper road; but when once disentangled from the wooden-headed cross-roads agent

with his abracadabra of a railway guide, it was the plainest of plain kind of sailing. From the West, and especially from Cleveland, the Nickel Plate lived up to its former well-earned reputation as a prompt, efficient, and well-equipped railway. We heard no complaint, except that of excessive heat, for which we are free to say we do not hold Mr. Horner, the general passenger agent, and his assistants, responsible.

THE Memorial Service was feelingly conducted by Dr. Kinne, and he always does so, with the pro tem. Necrologist, Dr. Cowperthwaite. Dr. Walton delivered an impressive oration, with the somewhat novel innovation of introducing funny points, producing much laughter. But that is Walton. Dr. Bailey produced an elaborate and ornate paper in honor of our dead. A lady singer did well until she gave us that good old hymn, "Jesus, Lover of My Soul" to rag-time, or what sounded like it. And poor Henry Smith, who but the year before conducted these services, who loved this work,—he, of the indefatigable purpose, the tender sympathy, and noble heart,—he was dismissed with a line in the Necrologist's report! The dead—oh, well, the dead are dead! On with the dance—or, rather, with the election!

WE take to ourselves a good deal of credit—that was all there was left for us to take; everything else had been theretofore previously taken—for taking this meeting away from Niagara Falls. It had been so often and so dolorously prophesied that no meeting could be held in that away-from-civilization, uphill, inland village; that the members would not go to such a place; that they wanted the exhibaration and excitement of a circus and a bear-garden to enliven the perfunctory proceedings of the Institute. Hence the meeting at Richfield Springs must needs prove a failure. But it was not a failure. There was life there of the very liveliest kind. The blood circulated as it had not done for more than a twelvemonth preceding. There was a large and enthusiastic turn-out of members and their better-halves. We believe there was some circus and also some bear-dancing and fireworks before the close of the sessions. Hence we again dare to question whether a meeting at Niagara Falls would have been nearly as productive of a good meeting as this has proven. The postalcard vote, after all, proved the true voice of the Institute. And yet how that remnant host, on the last morning of the sessions, shied at the proposition to submit a certain question to the

postal-card method! Not by several jug-fulls, said these apprehensive and fairly frenzied people. The seventeen hundred and odd members of the Institute who did not attend have no rights in that Institute, except to pay annually five dollars, and browse in the printed eloquence of the thirty or forty who speak each year, in every section, detailing much concerning their own exceeding greatness and technique. A man who will not take a two-weeks' vacation in his very busiest time, spend fifty or sixty dollars to go to a distant point to listen to the forensic abilities of shop-worn talkers and moth-balled Professors, has no rights in this homeopathic Institute. He should be rigorously excluded from the emoluments all and singular of this Institute—the election of officers, the placing of the next meeting, and all o' that, and all o' that. He should be permitted nothing except the privilege of paying annually and with exceeding great dispatch his five dollars. And perhaps he will continue so to do. Perhaps, also, not. Who can tell? Sir?

A ND the poor Executive Committee which did what it could to make the Richfield Springs meeting a success was permitted to go out of office without so much as a thank you, darn you! But they must have smiled almost audibly when the powers now in the saddle put everything. again in the hands of the Executive Committee —that same power which in the recent past had been so perniciously wielded. It was, after all, merely the other fellow's ox which was being gored. And the Executive Committee is all right. But we will see. They have undertaken tacitly, and perhaps with actual expression of purpose, the straightening out of a number of vexing problems which may, before the advent of another session of the Institute cause some very large and horny excrescences to develop on the inside of that tinsel crown. It will take some marvelously good sailing this coming twelvemonth to steer clear of the breakers that lie hidden in the raging main of the American Institute. It behooves every good American Institute member to help, to his best endeavor, the officers who have charge of the great ship. We must throw overboard all personal feeling. The Captain has been chosen, and it lies with us, our fortunes, nay, our very lives, that that good ship shall safely ride the tempestuous sea and reach its haven safe and sure—in security and peace. The war is over. The battle won. Off with the war paint. The swords are beaten into reaping hooks. The habiliments of peace once more bedeck the Genius of the American Institute of Homeopathy. And it was good to have been at Richfield Springs.

#### PURPURA HEMORRHAGICA.\*

By H. F. BIGGAR, M. D., Cleveland, Ohio.

The report of a rare clinical case may possibly prove of interest to the profession and at the same time instructive, not because of its infrequency of occurrence, but on account of its unusually formidable character and successful termination.

A gentleman, aged seventy-five, of a very vigorous constitution and free from any inherited or acquired taint, in early life had endured many hardships, was very industrious in his business, and had accumulated great wealth. Of late years he was leading a life of enjoyment, spending his summers and winters in the fashionable resorts of Europe or America. His health was usually most excellent, except for occasional attacks of gout. During this last January he had an attack of la grippe, which ended in bronchial pneumonia. A few days after recovery from this there followed acute gastritis and catarrhal appendicitis. Three weeks after this last attack he had gout, complicated with inflammatory rheumatism. During the severity of the rheumatic attack signs of purpura hemorrhagica began to develop; appearing first upon the genitals, then the thighs, then the body, face, forehead, scalp, evelids, and the mucous surfaces of the mouth, tongue, larynx, nose, and throat. The spots at first were quite small and of a bright red color. In twenty-four or thirty-six hours they became larger, some the size of a ten-cent piece and others as large as a silver dollar, which first turned purple, then changed to a dark reddish-brown, and finally became black. Those on the cliest and forehead coalesced; the former covering a space as large as the two hands, and the latter the entire forehead. The swollen and disfigured face presented an unsightly and unusual appearance. The tongue and throat were so swollen and ulcerated that even breathing was accompanied with such distress that tracheotomy was contemplated. It was almost impossible for the patient to swallow even milk. This was a pronounced case of morbus masculosus of Werthof. My experience with this desperate type of disease was limited to only three cases, the two former being of a much milder form.

The case was of much interest to other physicians than myself. At Lakeside Hospital my confrères of the old school regarded the case not only as very anomalous, but hopeless, though many suggestions were offered from their standpoint in respect to the treatment.

A myocarditic complication made us very anxious, necessitating constant attendance for

<sup>\*</sup> Presented to the Homeopathic Med. Soc. of Ohio, 1901.

twenty-three days and nights, either by Dr. H. F.

Biggar, Ir., or myself.

After carefully studying the symptoms of arsenicum, rhus tox., hamamelis, secale, crotalus, sulphuric acid, terebinthina, kali hydriodicum, ledum, and lachesis, the latter was selected. For a time I was in doubt whether to give crotalus, sulphuric acid, or lachesis. Lachesis was given because the skin was cold and clammy, there was great thirst, with yellow, dirt-coated, and swollen tongue, papillæ enlarged, saliva abundant and very tenacious, short breath, a scarlet-red patch as large as the hand on the chest, which became bluish. Prostration was excessive, with burning in palms and soles, bulke dark from bloody serum within, and the fauces swollen and ulcerated. Lachesis corresponds to the more malignant form of purpura hemorrhagica.

Dr. Frank Kraft was called in consultation, and advised the continuance of lachesis. The consultant was deeply interested, and his advice was replete with many good suggestions.

Dr. George W. Winterburn says: "Seventy American and British homeopathic physicians who have each been in practice twenty years have treated only 149 cases of the hemorrhagic variety. And of 34 physicians who have been in practice an average of 210 years, only 17 had seen a case of hemorrhagica purpura, and but 3 of them had seen more than 1."

# ÆTIOLOGY.

"The cause of hemorrhagica purpura has never been definitely determined. Jaundice, acute rheumatism, the exanthemata, and menstrual derangements may each be followed by purpura. Almost any of the chronic alterations in the viscera may be associated with purpura, which may depend upon some minute organism of the blood. Watson Cheyne describes a plugging of the capillaries with masses of bacilli; and Petrone injected hypodermatically into rabbits blood drawn from purpura patients, and thus produced widely distributed hemorrhages."

Purpura occurs most frequently at the ex-

tremes of life.

"Simon has produced it by dividing some of the sympathetic ganglia in the neck of a frog. The cause back of all may be some abnormal state

of the sympathetic nervous system.

"DaCosta says that, as the disease comes on frequently in the midst of seemingly excellent health, it cannot be merely a disease of the blood, but it is possibly the result of impaired power in the capillaries, through the part of the nervous system that controls them—the vasomotor system.

"Many drugs may cause purpura. Tilbury Fox has shown that the injection of ammonia

into the veins will cause extravasation of blood into venous parts of the cutaneous surface and hemorrhagica from the mucous membranes. Virchow injected putrescent matter into veins, and saw, resulting therefrom, ecchymoses of endocardium, of the lungs, liver, kidneys, and intestines. Frerichs has suggested that there is an abnormal attraction between the capillaries and the blood, from whence arise obstruction and rupture."

#### PATHOLOGY.

"These discolorations are real extravasations of blood into the cutaneous tissue; that sometimes these hemorrhagiæ are quite extensive, invading the contiguous tissue of an entire limb; that in many cases they extend into the subcutaneous cellular tissue or even into the muscular structure; that they very frequently invade the mucous, and less frequently the serous, tissues; and that there may be not only ecclivmoses upon these, but actual hemorrhages from the nasal passages, the buccal cavity, the pharvnx, the stomach, or the intestines, and into the sacs surrounded by the pleura, the pericardium, or the peritoneum; sometimes the capillaries of the skin have been observed to be degenerate from amyloid changes. The general mass of the blood is in some cases entirely normal in appearance and characteristics, coagulating readily, and in other cases it is fluid and indisposed to coagulate. The white corpuscles have been seen to form a considerable proportion of the blood, and again they may be abnormally infrequent; the fibrin may be excessive, deficient, or in due proportion.

"Purpura is not a disease, but simply a symptom; just as dropsy has now long been relegated from the class of diseases. Koch has given it

the title of hemorrhagic diathesis.

"Purpuric spots vary greatly in size, from one to four mm. in diameter, or they may be large enough to be called ecchymoses. At first they are bright red in color, but become darker as days roll away, and gradually disappear as brownish stains. One interesting characteristic is that, being actual hemorrhages into the skin,

they do not disappear on pressure.

"Hamilton and Yates have put on record a case of purpura hemorrhagica in which, on terminating fatally, there was developed from cultures the bacillus ærogenes capsulatus, the streptococcus aureus, and a small unknown bacillus. They thought it was a case of staphylococcus infection. On the other hand, Johnson reports a case of rheumatic purpura in which there were paroxysms of colic, preceding a purpuric eruption. LeNori reports a case in which he thinks his patient had purpura following poisoning by inhalations of benzine. Other cases have been reported which seem to have been of syphilitic

origin, which disappeared under specific treatment. Bierer has reported a case in which purpura followed and was apparently due to vaccination.

"Morse reports a case of an infant, twelve months old, which he thought due to pneumococcic infection. Raulin reports a case where attacks of gastro-enteralgia were invariably followed by purpura. A number of cases of purpura following the administration of quinine have been reported.

"Over-doses of salicylate of soda and colchicum have been followed with purpura hemorrhagica. Undoubtedly there must be different forms of purpura due to different causes not yet

understood or appreciated.

"The most advanced form of purpura rheumatica is more pronounced, and many complications may appear. The hemorrhagic form is the most severe; where large spots appear, the symptoms are urgent and the prognosis is bad."

During previous attacks of the gout the patient had been quickly relieved from the severity of the pain by Lavelle's remedy for gout, the formula for which is: calcium chloride, 5 parts; quinine, 5 parts; ext. of colocynth, 2.5 parts. Before calling me at the time of this last attack he sought his old friend Lavelle, and it is possible that it may have contributed to the development of the purpura.

During the convalescence, which was slow, the patient was threatened with sepsis, due to the absorption of confined pus in the pockets which formed underneath the tough crust of the large patch on the chest. Arsenicum internally, and cleanliness on the sphacelous ulcer, averted any serious septic complications. All of the spots and patches disappeared by absorption, excepting the large one on the chest, the entire skin of which became gangrenous and sloughed, leaving a deep ulcer which healed without resorting to skin-grafting, as was expected from the area of the ulcer—ten inches long, six inches wide, and very deep.

When the disease was at its greatest severity, and we were all in deep anguish, fearing a fatal termination at any hour, lachesis came to our relief, and a valuable life was saved. The prompt response of this ophidian remedy was so marked that it was quickly noticed by the relatives and nurses, and we all with one accord sang the praises of lachesis trigonocephalus, for its wonderful remedial effects in this malignant case of purpura hemorrhagica.

166 Euclid Avenue.

# SYMPTOMATOLOGY AND DIAGNOSIS OF PNEUMONIA.

By H. E. BEEBE, M. D., Sidney, Ohio.

The symptoms of pneumonia, from the moment of its invasion, are ably described in works on practice, and it is almost superfluous to repeat them here, except for the purpose of connecting the essays on the programme.

Prodromic symptoms of pneumonia are seldom observed, though a small percentage may show symptoms of malaise, some oppression of the chest, with a slight elevation of temperature, preceded by some chilliness. When such symptoms arise they are likely due to a mild intensity of a protracted first stage. In the majority of cases the onset is without warning, and begins with a severe chill, though sometimes chills may be repeated the first day, and the rise of temperature is rapid. In children nervous symptoms are prominent; there may be delirium, convulsions, gastric symptoms, and abdominal pains. Fever remains high for one to three days, occasionally longer. A sudden elevation of temperature usually indicates involvement of a new focus or a rapid increase of the primary lesion, with some new complications. As a rule, high temperature denotes a serious condition, yet fatal cases are sometimes accompanied by a low temperature, as my experience has shown in some fatal cases following la grippe this spring. is due to extension of lung consolidation and overdistention of pulmonary artery, thereby causing cardiac paralysis through passive congestion of the venous system. Occasionally we meet a case with no rise of temperature. Apical pneumonias have the highest temperature.

Defervescence may occur as early as the second day, but most commonly about the fifth or seventh day. Sudden decrease of temperature, even to below normal, is characteristic of pneumonia, often falling within four to six hours. Sometimes symptoms of collapse accompany this rapid descent, and there is present profuse sweating, vomiting, or diarrhea. If temperature rises again, we may have fresh pneumonia involving another lobe, or possibly pleurisy, empyema, abscess, or gangrene of the lungs. With the fever there are severe headache, pain in the back and extremities, a short, dry cough, rapid respiration, active nares, stitches in the side, and anxious expression. As the disease progresses the cough is attended with tenacious, bloody expectoration, which, however, is absent in children. Where the disease is of a very low type, instead of the rusty-colored sputum we get the prune-juice sputum. As the patient improves the expectoration becomes muco-purulent. Respiration is

<sup>—</sup>A pair of twin sisters of West Virginia were married to twin brothers. Recently they gave birth to triplets within an hour.

from 28 to 50. The inspiratory efforts are short, while expiration is with a grunting effort. Severe pain in pleura is common. Tongue is dry and coated. Constipation is the rule, though diarrhea may be present. A characteristic feature of the urine is disturbance of the chlorides; their reappearance is a favorable indication. Bile may be found in the urine, if icterus be present.

#### PHYSICAL SIGNS.

First Stage.—At the beginning these signs are obscure, except that there may be much pain in the affected side. We may find some slight percussion dullness, with weakened or harsh respiratory sounds over diseased area. The crepitant râle is the most important physical sign, as it appears quite early. The vocal signs develop in a measure during this stage. The lungs fill with exudate; the crepitant râle is eliminated. The râle may be absent in children and old people. The signs of convalescence begin during first stage.

Second Stage.—The movement is now more limited on affected side, due to solidification. Percussion yields a dull note, and when complete is a flat sound. Bronchial breathing and broncophony are present. Pleural effusion some-

times obscures the sound.

Third Stage.—As resolution sets in, there is a retrogressive disappearance of the physical symptoms. The bronchial breathing assumes a broncho-vesicular quality, and we again hear the crepitant râle, but it is more moist. If the progress is unfavorable, this stage becomes one of purulent infiltration instead of resolution.

#### DIAGNOSIS.

Laennec first made it possible to diagnose chest diseases, including pneumonia with other pulmonary troubles. Diagnostic errors are most common with children and old people; the prominence of nervous symptoms before the development of the cough causing confusion by reason of inability to determine whether they may not be due to meningitis, spinal fever, or the like. Diagnosis must be made upon physical signs and symptoms combined, for not all cases are typical. The sudden chill, the ordinary temperature curve, the rusty sputum, or the herpetic eruption upon the face may be absent. Pneumonia has been diagnosed as appendicitis or even tonsilitis; while cases of atypical pneumonia are not unusual. Persistent fever after the tenth day may mean tuberculosis, especially when there is a purulent infiltration. Lobar pneumonia is more sudden in its onset than catarrhal pneumonia; in the latter, dyspnœa is more marked, sputum is not rusty, and cough is more severe. In children diagnosis must often depend wholly upon physical examination. Pneumonia sometimes follows late in the course of such diseases as diabetes, chronic malaria, Bright's disease, rheumatism, or phthisis.

In short, we may say that in all cases physical symptoms are the most important diagnostic

features.

#### POKE-ROOT POISONING.

By CECIL FRENCH, D. V. S., Washington.

BY DR. FRENCH.

On Sunday, the 15th of April, I went to a spot in my kitchen-garden where a year or two ago I had planted some horse-radish, intending to carry a supply of that edible to the dinner table. I took from the ground, within a distance of twenty-four inches from the original root, what I supposed was an offshoot of the same. I did not examine it closely, neither did I remove all the earth that was clinging to it, but carried it to the kitchen and left an order that it should be scraped and placed on the table. At one o'clock dinner, having partaken of a mouthful of food, I proceeded to taste some of the root-scrapings. Owing to the presence of other food in my mouth I did not recognize for a moment or two the exceedingly bitter and burning taste which it imparted, and probably swallowed about as much as would fill a thimble. As soon as I discovered the mistake, however, I promptly emptied my mouth of its contents and warned the rest of the company present not to partake of it, suspecting that something was not quite right. Dinner was concluded about 1.45 o'clock, and we immediately prepared to go driving. Just before starting, at about 2.30 o'clock, I remarked that I did not feel much like going, as my throat was quite sore and I was in a condition of general lassitude. I examined my throat with the aid of a lookingglass, and noticed that the pharvnx was considerably injected. The sensation in that region was dry and burning. After having proceeded about half a mile yawning became incessant, vision appeared defective, a dry hacking cough and salivation were noticeable, and the general dull feelwas more pronounced. A decidedly "warm" sensation was also perceptible in the gastric region. A half-mile further on I was seized with violent stomach cramps, accompanied by retching and vomiting. The burning sensation now extended from the mouth to the stomach, and respiration became somewhat labored. Five or six recurrences of these vomiting spells, with intervals of some five or ten min-

utes' relief, did not prevent me from continuing the drive, though my general feelings were of mental and physical distress and the gastric pain was increasing. At about 3.15 o'clock it became impossible to proceed any further, as the vomiting and gastralgia had become very violent and exhausting, and vertigo, with almost complete loss of vision, had developed. The latter condition only lasted a short while. I was now unable to affect a standing or even sitting posture, and found the greatest relief in a recumbent position. Other symptoms noticeable to me were: convulsive tremors and prickly sensations all over the surface of the body; the latter particularly noticeable in the palms of the hands, the insides of the arms, and the soles of the feet; great coldness, followed by clammy perspiration; profuse salivation; sense of suffocation; and dull aching in the lumbar region. An attempt at swallowing alcoholic stimulants caused pharvingeal pain and instant vomiting, on this occasion of slightly blood-stained mucus. At this point Dr. Ray arrived.

#### BY DR. ANTHONY M. RAY.

I was called to see Dr. French about 3.30 p. m. Upon inquiry, was informed that he had eaten what was supposed to be horse-radish, which he had gathered himself a few hours before. His wife, I think, suggested that it might have been "dock" weed instead. His condition at this time was one of extreme prostration; pulse was weak, respiration slow and labored. The skin was cold and bathed in clammy perspiration. The pupils were contracted. He had been vomiting freely, and was now retching violently; at times bringing up small quantities of mucus, stained with blood. Concluding that his stomach was already empty, I administered morph, sulph, I-2 gr., atropia I-50 gr. In a few minutes he was much relieved, pulse became stronger, and respirations increased and were less labored. As the retching kept up to some extent, I gave bismuth, cerium oxalate, and cocaine. I was with patient about half an hour, when he was carried to Georgetown University Hospital.

#### BY DR. J. FINLEY KEMP.

The above case was brought to the Georgetown University Hospital about six o'clock in the evening, giving a history of vomiting, retching, great prostration, and confused vision.

It was suggested that the condition was due to a vegetable poisoning, probably that of pokeroot.

Examination revealed consciousness and a clear intellect, he being able to give a clear narrative of events and symptoms. The skin was

cold and clammy, pulse 82, respiration 22, and pupils slightly dilated.

Patient had no pain, but was greatly pros-

trated.

Owing to interval of time since root was taken, the fact that the stomach had emptied itself, and the good condition of heart and respiration, nothing was done except to make the patient comfortable.

He was given a little hot coffee, and a halfounce of whisky in water. The stomach was still irritable, and tendency to vomiting was induced by the pressure of fluid.

In half an hour the skin was warm and in a

slight perspiration.

Patient rested quietly for about two hours and was then able to be driven to his home. On assuming standing posture and moving about, a slight attack of vomiting occurred.

He was not under my observation after de-

parture from hospital.

#### BY DR. FRENCH.

On my return home vomiting recurred and persisted at about one-hour intervals until two o'clock next morning, when an ounce of brandy, diluted, seemed to settle the stomach. A moderate diarrhea developed at about 10 p. m., but disappeared next day. The bitter taste of the root remained for forty-eight hours.

In conclusion I may say that the medical treatment I received from the gentlemen who attended me met with my unqualified approval. From personal experience I can recommend in a few words the following procedure to be observed in poke-root poisoning: Secure absolute repose and warmth of the patient. Movement of any kind tends to bring on a fit of retching. Administer morphine hypodermically, to annul the abdominal cramps and to regulate the heart's action. Follow this up with hypodermic injections of stimulants. Give nothing per orem, excepting anti-emetics, until the patient feels that it can be retained.

# TREATMENT OF GENU VARUM AND GENU VALGUM.

CHARLES DWIGHT NAPIER, A. B., M. D.,

The statement is so frequently made by medical men, as well as by the laity, in commenting npon bendings of the legs in children, "he will grow out of it," that it is well to take every opportunity to conteract this false impression, which in the large majority of instances is not borne out by results. The idea is, however, based

upon fact—that is, the fact that a small percentage of cases have undoubtedly entirely grown out of the deformity without any mechanical aid. This, however, should not influence us in recommending no treatment, any more than in any disease, many of which would after recover without our assistance. The fact that the larger proportion of children will not grow out of bow-legs or knock-knee may easily be proved by anyone who will take the trouble to note the relative proportion of these deformities in the boys and men he passes on the streets of New York, The number of bow-legged men counted by Whitman on the street was four hundred out of two thousand. The proportion among small boys would be about the same. A little thought along this line should make one careful to properly enlighten the mother, and to institute treatment early, which at that time may be extremely simple, and thus save the child the trying nickname, "bandy-legged," or save the mother the trying necessity of submitting her child to an operation for correction. The family physician must be the one upon whom the burden rests, for to him the mother goes if she questions the opinion of her women friends—" He will outgrow it.'

The bendings which the legs of children are liable to are various: Genu valgum, or knockknee, which is usually produced by a lengthening of the internal condyle of the femur—the bones in the leg being straight; genu varum, in its limited meaning, the knees going outward, caused by a greater lengthening of the external condyle—the bones being straight, a bending outward of the tibia and fibula; a bending outward of the femur; an anterior bending of the tibia or the femur; and any combination of the above. There may be bowing in one leg, knockknee in the other; or an anterior and lateral bowing together. The bowing is seldom limited to the knee alone, the leg is as a rule involved with it; likewise the bowing is seldom confined to the leg—it being usually present to some extent in the knee. In knock-knee, however, the deformity is found most frequently solely in the knee. The location influences the treatment when mechanical appliances are used. (It must be remembered that normally in very young infants there is a slight outward bowing of the leg.) In taking up the treatment it will be well to speak briefly of prevention. The pride of mothers in their early-walking offspring should not be encouraged. The child should be held back, not hastened, in the acquirement of this accomplishment. As to the proper age for a healthy child to begin walking, it may be said to be two or three months after he shows a desire to walk. Rachitis, which is practically the essential predisposing cause of genu varum and valgum, is

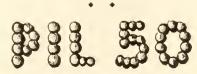
present in childhood more frequently than often is realized, as it may be but to a slight degree. Any symptoms of this disease should contraindicate walking until treatment has brought the bones back to their normal hardness. Walking upon soft bones is not the only factor in causation. The deformity may occur before the upright position has been assumed. Some children when sitting on the floor get in the habit of crossing the legs. The pressure of one leg upon the other, when the bones are not sufficiently hard, will easily produce a curvature. Anterior bowing in the tibiæ is probably always brought about in this manner. A predisposed child should not be allowed to always assume the same posture. If a case can be seen early, with just a beginning deformity, simple methods obviate the necessity for future use of braces. The building up of the soles of the shoes, a quarter inch, on the outer border for bow-legs, on the inner border for knock-knees, will throw the leg over in the desired direction and tend to straighten the deformity. The mother should be directed to aid in the straightening by morning and evening manipulation, the bone being firmly grasped, and the convexity of the curve pushed inward. The more this is done the quicker a perfect result will be obtained. The limbs should be rubbed with alcohol. Bow-legs at night may be bandaged together.

The physician's advice will often be asked in regard to toeing-in. This to a slight degree is normal in a child, and is much to be preferred to the opposite condition, as it is nature's method of protecting the ligamentous attachments of the inner border of the foot, which are weaker than those on the outer side. Further, toeing-in is a symptom and accompaniment of knock-knee, and will usually be overcome by treatment directed to the latter—the building up of the shoes on the inner border, or braces. If it is not, a simple contrivance may be adopted. A webbing strap is attached behind to a belt about the waist and passes spirally down the leg from without inward, making two turns, and is attached to the outer side of the toe of the shoe. If the bending of the bones is to a greater degree, mechanical or operative treatment must be resorted to. After the fourth or fifth year braces will seldom correct, but the selection of measures to be adopted will depend upon the degree of hardness of the bones. Under four years of age surgical interference will rarely be necessary, except with an anterior bowing, where braces will do but little. If the case is one for a brace, operative procedure should not be considered scientific treatment, for by that method the bone is not straightened—a long curve is merely broken into two short curves, whereas the mechanical device does bring the bone back to the

normal. An operation is a shock to mother and child alike, and, too, must be followed by brace protection if done while the bones are still soft, or the case will be apt to relapse. The selection of the form of brace will depend upon the location of the deformity. If the knee is not involved, and the bending merely in the tibia, the ordinary short bow-leg brace is indicated. This consists of double steel uprights attached to a sole plate below, above to a band passing under the calf. There is a joint at the ankle, and the inner bar is extended upwards and ends in a pad which is to rest against the internal condyle. A canvas or leather lacing fastened to the inner bar passes about the leg, being laced in front. In place of the sole plate, which goes inside the shoe, the brace may be attached outside to the sole of the shoe. This adds somewhat to the cost, but gives a much neater appearance. When the knee also is curved outward, this support will not be sufficient. If but slight, the short brace with raising the outer border of the shoe will do; if greater, a long brace will be required. The one used in the Children's Hospital, Boston, is an inside steel upright attached by a plate to the shoe, jointed at the ankle, and running up nearly to the origin of the adductor muscles. An arm then passes forward and outward, fitting the groin, and around posteriorly on to the dorsum of the ilium. An objection to this brace is that it makes its counter pressure for traction on the upper third of femur, and tends to produce a bowing outward at this point where bowing is often present.

The brace which is now generally used at the Hospital for Ruptured and Crippled is one which I adapted from another form of brace to secure traction at any or all points of the limb. It is simply a modification of an ordinary long brace, with double uprights, the inner bar passing up to the perineum, the outer bar to the anterior spine of the ilium, jointed at the hip and connected with the brace of the other leg by straps passing about the body. This is heavier and more clumsy appearing, to be sure, but it does the work. None of these braces should be jointed at the knee-pressure effects would be partially lost. The best brace for knock-knee consists of a single outside upright, fastened in the heel, with a pad over the trochanter, thigh and calf bands for support, and a pad to draw the knee outward. A bandage properly applied, however, is much more efficient than a pad. The pad is apt to simply rotate the knee outward to the bar and not draw it out. The bandage should be applied, with a turn around the leg, passing underneath the leg outward, thus rotating the limb inward. These appliances are usually removed at night, and evening and morning manipulation of the leg practiced. This manual treatment should be

considered as important as the mechanical. It is a waste of time to submit hardened bones to the above methods, and these, with the cases which have shown no improvement in braces, will have to be subjected to operative treatment. One should not advise the mother, "Never mind a little curving in the leg" when a child grows up, he does mind it. The surgical procedures are simple, safe, and effectual. The best and usual method of the present day is a subcutaneous osteotomy done at the point of greatest curvature. A narrow chisel is used, cutting through the greater portion of the bone; the remainder of the bone is broken with the hands. The fibula is better broken. Where the external condyle of the femur is elongated, and the knee consequently bowed outward, the osteotomy is done just above the epiphysis. It will frequently be necessary to operate both above and below the knee. A sterilized pad is placed over the wound and the leg incased in plaster. In knock-knee the Macewen operation—subcutaneous osteotomy just above the condyles—will secure the best results. It is unnecessary to take out a wedge-shaped piece of bone. An anterior bowing of the tibia should always come to operation. Here the cutting out of a V is indicated. Care should be taken after section of the bone in all these operations to put the limb up in an overcorrected position, otherwise there will be a relapse. The plaster is kept on about four weeks, and the child kept off its feet two or three weeks longer. Should there be any active rickets present, and in fact in most young children it would be advisable to continue a protective brace for a few months.



# Consultations with Homeopathists.

Medicus writes: "Would you please to state the rule respecting a medical man meeting in surgical or medical cases a general practitioner who is, or states that he is, a homeopathic practitioner. Is it correct for the medical man to meet the homeopath at all? Is it right for a surgeon to come in consultation and perform operations for him? I am not aware that there is a homeopathic consultant within any reasonable distance of the small town mentioned."

It is not right for a medical man to meet practitioners who follow homeopathic lines in consultation. The tenets of homeopaths are founded on a completely false conception of disease; there is therefore no common ground upon which medical men can meet them for any discussion which would be of advantage to the patient.—Ed. LANCET.

Dear, dear; this is truly alarming! Now, if this erudite English editor had been a denizen of our ain good countrie, in touch with much that

goes for homeopathy in some of our current journals; and had, also, watched the progress towards modern scientific methods in many homeopathic schools, he would not have been so short and abrupt in his declaration of the basic principles of the homeopathic practice; for he would know, as so many know to-day, that the difference between old-school and new-school principles in the United States is, in many places, adsurdly small. But in England, as we happen to know, homeopathy still stands by its colors and has no fear of breaking down. There, every practitioner of our system is graduated from the old school-except the few who obtained easy diplomas in some of the easier homeopathic schools of our earlier day in this land of the iree —and his adoption of homeopathy was a matter of deep principle and conscience. So that he, this apostate from the old, had something to work upon and did work upon it, and with the chances that he will always so work upon it. But in America, where there is no allopathic domination in the matter of education medically; where every man can learn homeopathy de novo; and where, when he has completed his studies, he may take his place in any community and be respected and honored, the chances of an intense, powerful soul-conviction in all such cases is very remote. The ease with which our young men and women may now enter the homeopathic field has robbed the field of many of its original faithful, conscientious students and workers. It is but a repetition of that old saw about easy come, easy go. In England, where the acquisition and practice of homeopathy are still hedged with formidable difficulties, it requires some distinct measure of personal prowess and endurance—a species of the martyr-make-up-to contest the dominant school and dominant opinion, and accept ridicule and attempted obloquy.

Again, if this Lancet editor could visit our larger cities and note the deep under-current in all of them to admit homeopaths to the old-school societies; and the very, very frequent meeting of the two schools in consultation; he would soon change his opinion upon that point.

It will take a long while to break down the prejudice of the Englishers on the medical question. It is like a good many other inherited prejudices, and which are valued more for their ancient renown than for their present usefulness.

Finally, the question asked by Medicus was an exceedingly foolish one. What could the editor of the Lancet answer save as he did? There was no choice.

# Again: After Surgery Had Done its Best.

Not long ago I was called to see a woman of seventy-three summers, who was laboring to vomit a strangulated hernia,

[found in the Medical Student]. A surgeon was sent for to do the necessary knife-work, but as the old lady had been vomiting stercoraceous matter for twenty-four, or more, hours, and that by the half chamberful at a time, and to this difficulty had added a threadlike pulse at 160 per minute, with a temperature of ninety-five, he thought operation unnecessary, as she was already as good as dead. He retired with the request that I inform him of the progress next day This I did, about after this fashion: Pulse hardly perceptible; no temperature; respiration twenty-five per minute. That night the old lady wanted me, and to please her, they sent. I found all the above conditions, with cold breath, bloated abdomen, pointed nose, and blue skin, especially of the hands. To make a long story short, she was in a state of collapse. I gave two or three small doses of carbo-veg, which put her to sleep in less than an hour, the first time in forty-eight hours. At my call next morning she called out, "Hello, doctor!" The hernia had disappeared, she had vomited no more, in fact was practically well, and is now about as usual. So much for a center shot!

# Obituary.

#### J. COMPTON BURNETT.

Dr. J. Compton Burnett—Burnett of England—nay, of Homeopathy—is no more! The English homeopathic journals give notice of his sudden demise from failure of the heart. Dr. John H. Clarke, editor of the Homeopathic World, makes use of the occasion for a several-page editorial, in which he pours out his grief and sorrow because of the loss of this his great friend and brother. The tribute is most eloquent, touching, and beautiful. It is such an one as only Compton Burnett could be entitled to and receive at the hands of his lifelong friend and brother. They were inseparable in life, and the parting was a sad one. Their friendship was like a page out of the romance-period of the past.

Dr. Burnett had known for some time pastnone better than he—of the trouble with his heart and the danger of its failing; yet he refused to spare himself; he did not give himself the rest he doubtlessly urged upon others similarly afflicted. He continued in the wonted routine of life's fatiguing labors, until one night, after a customary hard day's work, he retired to his couch, in apparent good health, ready on the morrow to continue the same round of duty, and for twenty years to come; but, alas! next morning he was gone! At what precise hour, or in what manner, the spirit fled, no trace seems obtainable: the inference drawn from the nature of the malady being that the taking leave was sudden and painless.

Dr. Burnett was of those men in whom we had implicit faith, and for whom we cherished an unbounded regard. We had read his many little books, and his other writings, for years before meeting him in person. We had exchanged

some few letters. And in that time we had formed a most agreeable impression of his whole-heartedness and sincerity. It was, therefore, no surprise, but only an accentuation of our preconceived notions, to find, on eventually meeting him, during the London International Home-opathic Congress, in 1896, that he measured up full and strong to our former impressions.

The occasion of our last meeting with Dr. Burnett was at a private dinner, on August 6, 1896, in the Colonel's room at Frascatti's, London, when some fifteen medical men from the most widely scattered parts of the homeopathic world sat down, with Drs. Burnett, Clarke, and Pullar in the capacity of hosts and entertainers. In that gathering were the genial Cartier and Simon of Paris, Norton and Shelton of New York, the late Hovne of Chicago, Brasol and Von Dittman of St. Petersburg, Villers of Dresden, Merck of Brussels, Cooper and others from England, ourself, and some others not now upon the instant recalled. It was upon this evening that we came in closest contact with Burnett, for he was one of the prime factors of the occasion, without whom much that made the evening memorable would have been lost. His personality shone out grandly, not by reason of any demonstration on his part, but because of his geniality, his humor, his effervescent good nature, his openness and kindness. He was a good raconteur, and enjoyed the story of a brother as perhaps no other present seemed to enjoy it. His laugh, while never loud or boisterous, was of the infectious kind which began with the curl on his forehead and rippled down his expansive physique, ending only at his feet. He would seem almost on the point of suffocation with mirth, especially when Cooper told some of his inimitable tales.

That evening in the Colonel's room will never be forgotten by those who were privileged to be present. To us it was a most marvelous gathering of prominent professional men; men after whom we had read for years, but had never dreamed, even in our wildest imaginings, of ever touching elbows with later on. It brought out the individual man in the sweet and unconventional unbending; it destroyed for the time the professional ego which the world has known and admires. The doctor gave place to the man, and the man to the brother. It was not only a gathering of story-telling doctors from the distant parts of the earth, but it gave occasion to that touch of nature which made us each to the other most wondrous kind. So, when the party at length dissolved, each member felt he had take part in an affair which showed the natural kinship of men each to the other, and as well that Burnett, Clarke, and Pullar were ideal hosts of a superior order.

Dr. Burnett was truly a remarkable man. He had about him that magnetism, that witchery, that individuality, which held his auditor from the first moment. Those who have read his little books must have noted the spirit of whole-heartedness and sincerity, the wish to help everyone else, that pervades the printed page. And that was Burnett, all over, in actual life. He was not an old man, reckoned in years of living, nor even in learning—as learning is estimated by many people. The enormity of his knowledge, his skill, and his reputation did not bear down upon his visitor. All these were extraneous and never obtruded. He was simply a grand man, a lover of his kind, a faithful physician, the impersonation of kindness and sweetness, devoted to the work in which he was enlisted. He was more nearly an American than most men we have met on that side of the water, and there are several others in and about London. He was approachable. He was generous. He was whole-souled. He was genuinely helpful. His grasp of hand left a feeling of heartiness and good will. Those in sorrow and affliction found in him ever and always a friend, a patient listener, and an efficient helper. He was an indefatigable workman, and an honest one. He was successful, not only as the madding world views success,—financially, but as and for himself and his labors. He was logical and broad in his conclusions. His homeopathy came to him upon conviction, as it did to others of the giants of a generation or two ago. who had entered upon its investigation with purposed scoffing and deriding, but had staved to praise. His was a firm belief in similia. He had elaborated, additionally, the Rademacher organopathy, carrying it to a high degree of success.

Dr. Burnett was one of nature's noblemen; without enemies; beloved by all. The divine accolade, the kiss of peace, wished for, and prayed for by him, as by all medical men, was given him —a painless and sudden passing—a death in the harness! Not his to outlive his day of usefulness and reputation. Not his to be laid away many weary pain-wracked weeks and months or years, a helpless, bed-ridden invalid. Not his to watch life's ebbing tide receding with all that had made life to him enjoyable or endurable. But in the gentle quiet of the night; in the still watches when Nature renews her waning strength; the well-remembered smile of duty well done still playing upon his features; the angel of Immortality laid his hand upon the tired heart—and Compton Burnett was at rest! And we shall see him no more until, on that bright resurrection morn promised of the evangelist, we shall see and know him again, with the other of our many brethren who have gone down in Homeopathy's cause, fighting valorously like true and courteous Sir Knights, ever facing the foe, never wavering

until overborne by the last and greatest and invincible foe of man—Death!

Good-night, our brother, until it be morning!

# Correspondence.

American Homeopathist:

In the Therapeutic Gazette, published in Philadelphia, of June, I noticed an article under Leading Articles,—editorial, I presume,—"A Method of Treatment in Gynecological Cases," in which the party takes unction unto his soul, and feels that because Brother Wood of the Cleveland Homeopathic College uses antiseptic treatment, he is therefore "unhomeopathic," and in consequence stands in the ranks of allopathy, and thus as a school we are becoming more scientific by reason of observing their (?) procedures.

The article referred to would be "mighty interesting reading," commenting as it does on the paper of Dr. Jas. C. Wood, as it appeared in the American Journal of Obstetrics. The afore-

said editorial goes on in this wise:

"It is one of the encouraging signs of the times that those persons who are wont to designate themselves homeopathic practitioners are of their own free will using more and more each year those measures which increasing experience in the realm of regular medicine has proved to be efficacious. One of the chief reasons for this is that the regular practice is becoming more accurate and rational through various discoveries which are being made concerning the ætiology and pathology of disease, with the result on the one hand that the so-called regular school is becoming more scientific in its methods, and the so-called homeopathic practitioners, seeing the reason for our procedures, naturally turn to them in treating ills depending upon really serious conditions. As a result some of the homeopathic schools now confer upon their graduates two degrees: one, that of Doctor of Medicine; and the other that of Doctor of Homeopathic Medicine. They claim that by so doing their graduates have an ethical right to practice whatever they please, with a touch of homeopathic practice whenever it is desirable. These privileges have, of course, always existed for regular practitioners.

Then the worthy editors proceed at once to exercise that privilege and give in detail for the enlightenment of their readers Dr. Wood's treatment, and by way of apology, or for some other reason, they (the editors) state that the treatment is "anything but homeopathic, although Dr. Wood is Professor of Gynecology in the Cleveland Homeopathic Medical College."

Certainly the article of Dr. Wood, as noticed in the journal from which it was taken, must be considered as new and valued information, or else the editors of the Therapeutic Gazette would not have attempted to foist old, rehashed subjects or treatment upon their readers.

But the act of "stealing our thunder" is certainly allopathic, if Dr. Wood's treatment isn't "homeopathic," which it certainly is, coming as it does from one who avows and practices that branch of the profession. The article now, as published in an old-school journal, will be considered, I presume, strictly "rational," "regular," and of course "scientific." And mark the outcome; exchanges will be seen before two moons have passed, giving the article as from the Therapeutic Gazette.

The Gazette in its comments makes assertions which any medical editor who is at all informed would blush at putting into cold print. If those able editors are as well versed in the realms of their own colleges and their workings as they claim to be in those of the homeopathic teaching, they are in our estimation greatly lacking in the qualities necessary for a practitioner even of the old Thompsonian system, who with his "number six" was quite well equipped in com-

parison.

No, these gentlemen, no doubt leaders in their school of practice, know better, and for the lack of thought and a better reason simply coined the statement that there are "two degrees conferred on graduates of homeopathic schools." I affirm that they have full knowledge of the falsity of their statement, and many of their more intelligent readers realize that these statements are untrue and only used as a cloak or disguise, under cover of which the very scientific article could be given entrance and be accepted, and as with the deadly boa of the tropics, which crushes the life of its victim, and covers it with its filthy slime before the nourishing morsel could be swallowed. Homeopathy, however, is not so to die, and allopathy lives to-day only by this serpent process of providing sustenance for itself, and were it not for accepting similia, the only law of cure, the allopath would gladly adopt many of the homeopathic methods as his own, but the word homeopathy causes him to choke at its mere mention, and upon finding a toothsome morsel, which is very often, ostrich-like, he foolishly sticks his head into the sand (of prejudice), and says he can't see it-gulps it down, and declares it very good, and because it was good, it therefore could not be homeopathic!

No, we do not presume even Dr. Wood calls his antiseptic local treatment homeopathic, yet what man or set of men can call it his, other

than the originator?

What a blessing to humanity no sect or creed has a monopoly on the truth or any scientific fact! All truth is free to every man, and none has the right to deny. The true physician should not be debarred, either by law or through choice of his own free will, from owning and maintaining the truth of the ages, as it is his by right of inheritance. And he who does not accept of this prerogative is not the only loser, but his patient must suffer, even to a much greater degree, when giving up his life as an unwilling sacrifice upon the altar of the ignorant medical adviser.

Anything promulgated from homeopathic sources is willingly given to the profession, and it is true, to say the least, that the Gazette shows very poor taste in attempting to befoul the spring from which the information flowed.

And for the information of that journal, and those of its readers who may thus have been misled by the false statements contained in the editorial above referred to, they should know that antiseptics have no reference to homeopathy or the law of similars, no more than that all the mathematical problems are to be solved by one Antiseptics are the requirements to be considered when germicides are demanded. When morbid conditions are present, as in disease toxic or otherwise, the remedy homeopathically prescribed according to the law of similars in so large a majority of diseased conditions has brought relief. And with the indicated remedy, asepsis, and antiseptics, there is the most rational combination that has ever been brought to the aid of the afflicted.

The homeopath has been so often sinned against that many have failed to grasp the broadness of the great law as applied, and too, because of his tenacity to this the only known law of cure, many through lack of the proper information have declared that the practice opposed adjuvants or other aids to cure. What constitutes a homeopathic practitioner is nicely summed up in the following, concurred in by the American Institute of Homeopathy: "A homeopathic physician is one who adds to his knowledge of medicine, a special knowledge of homeopathic therapeuties. All that pertains to the great field of medical learning is his by tradi-

tion, by inheritance, by right."

F. F. NETHERTON, M. D.

Clinton, Mo.

# Literary Motes.

Health-Homeopathy lies upon our table. This is the first number of this long-promised magazine to come to us, and yet it is marked Vol. II., No. 4. We confess to a bit of disappointment on examining this number. We had

been led to believe that Health-Homeopathy would prove itself one of the forerunners of good homeopathy—that special brand of homeopathy for which Dunham College and its newest dean, Dr. Prof. J. T. Kent, are so noted in the annals of current homeopathy; and, therefore, on opening its pages and finding this new semi-lay journal inter-sandwiched with advertisements of the distinctly doubtful kind,—the Free Gift of 54 pieces of dinner ware, Flash Jewelry, Cash Prizes for Doing Nothing, \$3.50 for a \$13.50 watch, Send No Money ads, and other ads found usually in the cheap-John advertising pages, did not increase our respect for this newer journalistic effort. It is not in this way that our school can make proselvtes to homeopathy. We hope the distinguished editor and his confrères, who have really the best interests of homeopathy and of Dunham College at heart, will change this present conception of a popular magazine for the lay people wherein to introduce homeopathy, and find something more dignified and worthy of the cause.

"Various Verses," the collective title of the poems issued by W. Tod Helmuth, from the press of Boericke & Tafel, is so well known of the profession that we have not put any great hurry upon ourselves in writing a review notice. It goes without saying that Helmuth's verses have feet of their own upon which they stand and run without the aid of the journal editors. We have always been an admirer of everything issuing from the Helmuth pen from 'way back; and so far have found nothing to dampen our ardor for this celebrated and popular poet of homeopathy. It is a pretty little book to let lie loose upon your reception-room table.

"Etidorhpa," the first of J. Uri Lloyd's famous books, has been reprinted in an Author's Edition, with many chapters added, and bound uniformly with that of "Stringtown on the Pike." It is an interesting study of the hermic philosophy, and deals most learnedly with all the many theories of the Adepts of the bygone ages, calling by name most of those most familiarly known to the Brethren. As a basis for his story Professor Lloyd assumes that one of the Illuminati has betraved some of the ineffable secrets, and is, therefore, to be punished by being caused to see and experience the very things which in his abjuration and exposure he declares not to exist. In order that he may be abducted properly a page is taken from the political history of New York State and the abduction and alleged execution of Morgan, who was supposed to have exposed the secrets of Free Masonry, is utilized. All through the book expressions are made use of to show that the author had browsed

in the book of Morgan. However, that does not cut any special figure in the story save as a basis of operations. The book plays about a character who is inducted into realms within the center of the earth, where all the known laws of physics are suspended, and, indeed, in many places go to the exact contrary. It is a well-written book and is in the author's well-known, erudite style. It will hold the reader to the last chapter. We are given to understand that the proceeds of the sale of these books of Professor Lloyd's are being applied to building or the paying for a building for housing a free gift of a library from Professor Lloyd, and that the amount already received is almost sufficient to insure the full payment.

# Globules.

- —It is reported that forty thousand people die every year in Germany from cancer.
- —Five millions of people are reported to have died in India within the last five years from famine and conditions induced thereby.
- —In Porto Rico the illegitimate births are as many as the legimate. The death rate, in a recent observation, reached fifty-three per thousand in one month.
- —In operations on alcoholic subjects it is often necessary to watch the patient carefully, because delirium tremens may occur after any severe injury or operation, even in patients who have not touched alcohol for several weeks.
- —A case of delirium tremens is reported, where a fatal result seemed imminent. The hot normal salt solution, nearly a quart in quantity, was introduced into the median cephalic vein, with immediately beneficial results and rapid recovery.
- —There are about 2,500 hospitals and asylums in the United States. These give employment to 65,000 people and pay over \$23,000,000 in salaries. These hospitals have 300,000 beds, are attended by 37,500 physicians, and treat over 1,000,000 patients during the year.
- —The Round Table Club is forming in Cleveland, being a semi-social club composed of physicians whose object is, first, the getting together of the men; then, the advancement of mutual professional interests. It has been a long day since the professional brethren of Cleveland have been able to meet around the same table. The effort was honestly made to break down existing barriers, and bring about a better understanding among the profession. Opposition was of course expected in some

quarters; but ultimately the proper and best interests of all the profession will dominate, and the sectional strife and hatred be a thing of the past. Two meetings have already been held and much good feeling evinced.

- —A doctor in Texas claims that immediate relief from the desire for whisky can be obtained by dropping a few drops of the tincture of cinchona on the root of the tongue. The common belief of the profession, a few years ago, was that the tincture of red cinchona was a specific to the whisky habit.
- —In the use of cocaine by intraspinal injection, where anæsthesia of the lower portion of the body and the lower limbs is desired, over one thousand cases are now reported. There has been one death, at least one case of septic poisoning, and many cases of violent sympathetic disturbance. In no case has there been any paralysis or subsequent degeneration of the nerve centers.
- —The permanganate of potassium has, for some time past, been suggested as an immediate antidote to the influence of morphine and other organic poisons. A foreign writer recently suggests the permanganate of sodium as fully as effective as the potassium salt, and devoid of any poisonous properties in anything but enormous doses.
- —The repeated use of chloroform as an anæsthetic in any one case is thought to exercise so depressing an effect on the heart that dilatation to a greater or less degree is almost sure to follow if the agent is persisted in. If this be true, the influence of a single administration of chloroform upon the heart will remain after the remedy is withdrawn and heart tonics are undoubtedly indicated.
- —Dr. Cummings advocates the introduction of small pieces of ice into the rectum in the treatment of narcotic poisoning. He claims to have seen cases of morphine poisoning quickly relieved where ice had been introduced, but as atropine and other measures were used at the same time it was difficult to attribute all of the benefits to the ice. He reports, in Merck's Archives, a case of chloral poisoning, and a case of asphyxia from coal gas, where prompt relief followed immediately upon the introduction of ice into the rectum.

## The American Homeopathist.

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# The American Bomeopathist.

AUGUST 1, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

#### OUR PORTRAITS.



G. W. Roberts, M. D., New York.

#### AFTERMATH REASONS.

SOME of the homeopathic exchanges, in commenting upon the paucity of attendance at Richfield Springs, very learnedly argue that this absence of the membership was due to the inland position and inaccessibility of the place ultimately selected. It has probably not occurred to these writers and talkers that, perhaps, some of the literature circulated to the membership for a few months preceding had aught to do with keeping a good many people at home.

T is just possible that these absent members did not think the trip to Richfield worth the

going, when, on getting there, they would likely find themselves in the middle of a horner's nest of exceeding proportions, where everything else but the best interests of the homeopathic profession would be in the lead. Some of the sections were poorly attended mainly because the faithful homeopaths who usually attend and help to build up these sections preferred to stay at home, while the unpolitical politicians came under pledge, voted, and—went home again. For of course this latter is the chief obligation resting upon anyone in membership with the great American Institute of Homeopathy. There were any number of members within the radius of a hundred miles of Richfield who would not come, for they believed the field would be one of politics, and not of homeopathy. Cleveland, as usual, and all Ohio, as also usual, sent to Richfield those, mainly, who had a political ax to grind. The success of the medical meetings of the Institute and of the prosperity of homeopathy formed but little part in their plans in going to New York State.

#### THE INSTITUTE'S DEAD.

E IGHTEEN members of the American Institute of Homeopathy passed over the Great Divide last year, including Henry M. Smith. It is now becoming more and more improbable that any distinctive memorial service for our dead will ever again be held. And such a pity that Henry Smith had to pass out of the memory of the Institute, which he loved, and which he did so much to build and sustain, without even a passing eulogy from those who were too busy with the election and other far more exceeding and important things of this world,

to give even a dozen lines to his memory, and for those who had ceased from their labors and are at rest. But a turn will come in this present tide of affairs in the American Institute. It will not always be dominated by the policy of politics and the seeking for office. Other and nobler aims will again at no distant day be in the ascendant. Do we prophesy truly?

# Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. (See issues of January 1st or December 15th each year.)

#### Verbascum in Neuralgia.

Erastus E. Case, M. D., in Medical Advance, gives the case of a black-haired widow, aged thirty-six, who had long been over-worked, sewing, and her life made miserable by neuralgia.

The following were the symptoms: Tearing, stitching pain about the left ear, downward and inward for the most part; numbness of the outer ear; dullness of hearing in left (painful) ear; sensation of heavy pressure on the vertex; shivers run up the back and left side with the pain; irritable and despondent.

January I, 1900.—One powder verbascum thapsus, I m, taken in four doses three hours

interval, cured.

## Silica in Occipital Neuralgia.

A. L. Blackwood: 3 Mr. L., aged forty-five years, for the past ten years had been suffering from a constant pain extending from the nape of the neck up behind the right ear. It was throbbing in character, relieved by pressure and wrapping the head up warmly, but returned at once if the wraps were removed. One dose of silica 200, each night for three nights, was the prescription. In two weeks the patient reported himself free from pain for the first time in ten years

O. S. Haines, M. D., says: Silica is a dependable remedy for chronic headaches, when the pain extends from neck to vertex, relieved by wrapping the head up warmly. It is the warmth rather than the pressure that relieves. The patients are over-sensitive, imperfectly nourished, and suffer from nervous prostration.

#### Ceanothus Americana.

J. C. Fahnestock, M. D.,<sup>14</sup> calls attention to a remedy that has been very useful in conditions

often noticed in schoolgirls—a remedy that has not been proven by any female, at least not to my knowledge. (What a great work is left here for the ladies.) The remedy in question being ceanothus. I refer to leucorrhœa, a sequence of a condition, with other symptoms which had led me to give this remedy.

The patient is weak, anæmic; dragging pains in the back; pain in region of spleen; can scarcely wear corset—its pressure aggravates the pain; loss of appetite; pale, flabby tongue, with

a general weakness.

The leucorrhoea generally is of a light color, and the patient always complains that it makes her so weak. Headache frequently attends the above symptoms.

When you administer this remedy, give one dose of the potency selected, and let it act as long as it will; then, if required, repeat, but use a higher potency. In the intervals give placebo.

I certainly have been greatly pleased with this treatment in a number of cases. If cases could be treated early, and with the properly selected remedy, and using the high art in medicine,—that is, its mode of administration,—we would see a great deal less of gross pathology.

#### Kali Permanganate for Spasmodic Croup.

Dr. Sleght of Newark, N. J.: 22 About six years ago announced to some fellow-practitioners that, after using permanganate of potash successfully for spasmodic croup for some months, he felt certain it could be relied upon as a sure Many who have since used it on his recommendation have testified to its efficacy. He says: I began using it in cases of laryngismus stridulus, after observing its effects upon a case of diphtheria involving the windpipe, and have never known it to fail to bring speedy, complete, and gentle relief to the croup paroxysms. Administer by dissolving just enough to give a cherry red color to a glass of water-and oneeighth of a grain is enough for this—giving one teaspoonful every five or ten minutes.

Before the fifth dose the crowing has ceased and the child sleeps; no vomiting; no two-hour session with lime salts, spongia or kali bich, with a sleepy doctor on one side the crib and an anxious mother on the other. The fact that the remedy is often curative in laryngeal diphtheria is an additional reason for its use, as there is often room for doubt about the diagnosis.

My practice is to use this remedy for the paroxysm of crowing only—and to depend upon acon., hepar, spongia, kali bich., etc., to subdue the laryngitis or other causes, as it has seemed that the "sphere of influence" of kali perm. is limited to this condition.

#### THE ARTIFICIAL FEEDING OF SICK BABIES.\*

By ROBERT N. TOOKER, M. D., Chicago.

A fairly reasonable construction of this subject would open up the whole field of baby feeding by artificial methods or foods. As a primary proposition it may be said that all foods excepting breast milk are alien foods to the newly born—unnatural, artificial.

Human infants are intended by nature to nurse and be nourished by the human mother. If this mother is young and healthy, and the child is well born, there need be no open question about infantile diet, either in health or sickness, during babyhood, or at least during the first year of life.

It is no exaggeration to say that seventy-five per cent. of sick babies are sick because they are not properly fed. In this estimate I leave out the poorly born, the poorly housed, and the victims of acute infectious diseases.

I propose only to consider such cases as would properly come under the care of the physicians because of some aberration of digestion.

The baby is sick; it does not grow; it is not happy. Our therapeutic remedies are impotent unless we can secure adequate nourishment.

Every day, and everywhere, we meet cases in which the cure of our case depends not so much on drugs as on food. The baby needs food that it can assimilate and make blood, flesh, and bones out of. It does not matter so much what medicine we give, or in what potency. What the sick baby needs is not belladonna, but blood; not arsenicum, but assimilation; not stramonium, but strength; not a prescription according to some accepted formula, but simply food regardless of formula.

And here our trouble begins, and it comes when we endeavor to provide a substitute for natural food, and try to imitate nature by artificial means.

That science has done much in this direction must be confessed. But it must also be admitted that science, with all its vaunted triumphs, has not as yet completely solved the problem.

That efforts in this direction have been made with industry is evidenced by the fact that there are over fifty commercial foods now on the market, each striving for supremacy.

If this spirit of commercialism had not so pervaded everything, even to the baby's diet, the

question would be greatly simplified; but when so many foods are presented for our choice we are liable to be lost in a maze of bewildering doubt. This is especially true if we believe the manufacturer's statement that his particular food

is a perfect counterpart of mother's milk; that its chemical constituents are identical with it, as evidenced by the accompanying comparative analysis.

One of the leading heresies of the day is the belief in substitution. There is not a greater fallacy extant than that taught by the modern chemist, that whatever is alike in chemical equivalents is coequal in food value.

We are constantly being deceived in practice by therapeutical drugs produced by synthesis that are by no means as reliable as the corresponding drug obtained in the natural way.

Salicylic acid when produced from coal-tar may be exactly like salicylic acid derived from wintergreen, but it does not act the same, and will not yield the same results when given to a patient suffering from rheumatism or gout.

Illuminating gas and attar of roses are precisely alike in their chemical analyses, and yet they are very different in their utility.

When we come to the feeding of babies, whether sick or well, the fact confronts us that there is no such thing as a perfect substitute for the food fresh from a human breast. Art has not vet succeeded in the attempt. All substitutes are but feeble imitations, and oftentimes abortive failures.

#### MODIFIED MILK.

The cow's milk is essentially different from human milk and requires dilution, or rather modification, has long been apparent to all intelligent persons the world over. The reasons for this are too well known to be dwelt upon here. But I wish to emphasize the statement that the best, if not the only successful attempt to effect this modification by scientific methods, was by Von Leibig and by those who follow his method as a commercial enterprise. Mellin's Food, so called, comes nearer to Von Leibig's idea than any other with which I am familiar; but Mellin's Food must be given with fresh milk, according to directions, to be successful as a baby food. It cannot be mixed with condensed milk, nor added to desiccated beef without destroying its efficacy as a substitute for mother's milk.

The fact cannot be stated too forcibly that in the preparation of all baby foods the milk should be heated to body temperature only. It should not be boiled nor sterilized, nor Pasteurized, but good fresh milk from a healthy herd of cows must be given in its raw or uncooked state.

A few years ago, however, the attempt was made to separate the milk into its constituent elements and reunite them in such proportions as would more nearly approach the relative percentages found in human milk. To effect this

<sup>\*</sup> Section in Pedology, Am. Inst. of Hom., 1901.

result the milk of the cow was put through a centrifugal machine and the cream separated from the milk. Then the sugar and the casein were disassociated, and the busy doctor was expected to write a prescription stating the exact amount of fat, nitrogenous matters, and salts, such as he thought would answer the requirements of the particular baby he had in mind. The chemist in his laboratory was supposed to rehabilitate these dissected elements and make a milk "just like mother used to make." But it never worked, and it never will work, because it is purely theoretical, and is founded on a fallacy, and the fallacy is so bald and so apparent that it is astonishing that scientific men should ever have indorsed it. It presumes that nature is always and everywhere duplicating her products according to fixed and immutable laws.

The fact is that a nursing infant never gets two meals that are exactly alike, because the

milk varies during every nursing.

The milk that has been long in the breast is not so good as that freshly secreted, and that of the early morning is better than that later in the day. True, the variations are not great, but they exist, as every physiologist knows. The laboratory milk is fixed immutably. It is inflexible, and unless prepared specially for each feeding and varied while being taken it is contrary to nature.

I am not alone in this opinion of laboratory or, as it is sometimes called, "percentage feeding." Dr. Louis Fischer, in his recent work (1901) on "Infant Feeding," says (page 109):

"The sentiments expressed at the last meeting of the Academy of Medicine by Dr. A. Jacobi coincide with my views. My experience has been that children fed on laboratory milk have been backward in their development after its use for a long time. When first used children suffered with severe constipation; later a distinct atony of the stomach and bowels was seen, and finally rickets developed. Such children always looked pale, were anæmic, and their flesh was flabby. As these cases were among the wealthy, with the best possible hygienic surroundings and careful nursing, the cause could only be looked for in the method of feeding. The percentage method of feeding has always appeared to me plausible in theory, but it cannot be applied in practice. It is a fact well known to chemists, that once an emulsion of milk is broken up by centrifuging or other mechanical process, as in separating the top-milk from the skim-milk, we cannot have again as homogeneous an emulsion as prior to this breaking up of the same.

"And, moreover, we add to the trouble when we in addition seek to improve the quality of the milk by subjecting it to the process of steril-

ization."

Dr. Cheadle, a London authority on dietetics,

expresses similar views.

The more we meddle with fresh cow's milk, except to dilute it, the more we injure it. The natural food of an infant is not boiled, sterilized, nor Pasteurized.

In the artificial feeding of infants, we must follow nature as closely as we can. The attempt to destroy hypothetical germs by problematical (i. e., laboratory) methods has thus far been a failure, and we are just getting to know the rea-

son why.

The most recent experiments bearing on this question show that raw foods are far preferable to foods which are cooked or sterilized. Thus Richet and Hérecourt announced at the meeting of the Paris Société de Biologie, January 2, 1900, that they inoculated a number of dogs with tuberculosis more than six months previous. One-third were fed with ordinary food, and all died in three or four weeks; another set with cooked meat, with about the same results; while the third group was fed exclusively on raw meat, and all these latter have survived to date and are in good health. These experiments were made on 328 dogs, so that there was a good opportunity to judge of the results.

The conclusion is almost inevitable that cooked meat, cooked bouillon, and cooked milk form a culture medium for pathogenic germs, while raw-meat juice kills them. This conclusion is in accord with the experiments of Dr. Freudenreich, by which he claims to prove that fresh raw milk possesses remarkable germicidal

properties.

He has demonstrated that the bacillus of cholera, when put into fresh cow's milk, dies in an hour; the bacillus of typhoid fever in less than twenty-four hours; while other germs die much quicker than when put into cooked foods. It is also stated that milk which has been heated to a temperature of 131° loses all germicidal properties.

We must, I think, conclude that the ultrascientific treatment of cow's milk by heat over and above the normal body heat has been a mistake; that raw milk and raw meat juice are preferable to similar foods in wholly or partially cooked state.

With this prolonged and perhaps tedious introduction, let us consider the artificial feeding of sick babies.

If the baby's condition indicates that previous feeding is at fault, we must correct this fault as a primary proposition.

It may be that the food has been too strong; if so, we must thin it. If the feedings have been too frequent we must prolong the intervals and give water at alternate feedings.

If milk is passed in curds we must stop feed-

ing milk altogether for a day or two, giving water or dilute cream, until the stomach has regained its tone. Or we may rest the stomach on almond milk, as suggested by Dr. Louis Fischer.

#### ALMOND MILK.

The recipe is as follows:

Take 2 ounces of sweet almonds, scald them with boiling water; after a few moments express them from the hulls; then pour the hot water away. Put the blanched almonds into a mortar and pound them thoroughly, and add 2 ounces of plain water. After this is thoroughly mixed, strain through cheesecloth, and the strained liquid will be the almond milk.

There is much good sense in the temporary use of this almond milk. There are many cases in which cow's milk disagrees and the infant's stomach will not tolerate it. When vomiting is provoked by the inhibition of milk or when gastro-intestinal trouble ensues, then the milk diet must be stopped, if only for the time being. The infant's desire for food must be appeased, and in these cases the almond milk will not only satisfy the appetite, but act medicinally.

It is well known that quite a large quantity of vegetable proteids is contained in these nuts, so that this vegetable milk is a nourishing sub-

stitute for cow's milk temporarily.

Each ounce of almonds as prepared above

should vield an ounce of almond milk.

I have used this milk in a number of cases of summer complaint and gastric derangements with much satisfaction.

A very important point in the artificial feeding of sick babies is the limitation or reduction of the amount of sugar in the food.

The great amount of sugar in condensed milk

is one of its main objections.

Nearly all the prepared baby foods are too sweet. Sugar is a fermentable product, and when given in excess produced colic, and irritates the mucous membrane.

Magendie ascertained, many years ago, that dogs fed exclusively on sugar and water died inside of a month of muscular atrophy and intestinal inanition. Carnivorous animals do not secrete sugar to any appreciable extent, and it is a well-known fact that canines excrete no sugar in their milk. In spite of this fact a small slut will nurse six or eight puppies and keep them all fat and in good health.

The appetite for sugar is easily cultivated, and

oftentimes is a morbid inheritance.

Jacobi, Biedert, and others prefer cane sugar to sugar-of-milk because it is more laxative. In many cases sugar of any kind is not only contraindicated, but is positively harmful. If an infant has sudden attacks of colic or cramps, and if the

stools are green and sour smelling, and if in addition the abdomen is greatly distended with gas, with violent eructations, it may be safely concluded that such an infant has been having an excess of sugar. In future there should be an absolute discontinuance of sugar, and a substitution of salt instead. When sugar disagrees, the food may be made sweet and palatable by using small sacharin tablets: one tablet being ample for sweeting a pint of food.

In case of constipation, the food may be sweetened with glycerin, adding one teaspoonful of

glycerin to each bottle of food.

#### FORCED FEEDING; GAVAGE; NASAL FEEDING.

In some cases of sickness, as diphtheria, tonsilitis, stomatitis, burned throat, etc., it is necessary to introduce food into the stomach by means of a rubber tube or catheter and a funnel. In feeding by this method the intervals between feedings should be prolonged and the food should be predigested, because in cases where this is needed digestion is necessarily more or less impaired. Any of the peptonized foods may be used, or raw meat given, milk, or cream after some form of pepsin has been added. Ice cream and water ices, which are so grateful to feverish patients may be introduced in this way. In cases of marasmus the skin can be used for inunction with profit.

I generally use the following formula:

R Cocoa butter. 5 viii
Almond Oil. 9, s.

When the commercial baby foods do not agree I have often succeeded in feeding babies with milk diluted with barley water, according to the

following formula:

Get from the grocer some hulled or "pearled" barley, and put two tablespoonfuls into four teacupfuls of water; boil for at least an hour, or until it has boiled down to two teacupfuls. Strain carefully through a muslin or cotton cloth; add a pinch of salt and a little sugar. This barley water may be mixed with milk in the following proportions:

Under three months, 1-3 milk, 2-3 barley

water.

Three to six months, 1-2 milk, 1-2 barley water.

Six to nine months, 2-3 milk, 1-3 barley water.

Oatmeal may be used in the same way and in the same proportions, but for very young babies it should be boiled longer and doubly strained.

With babies under six months of age artificial feeding is sometimes a failure, and in such cases there is nothing to do but to return to first principles, and hire a wet nurse.

During the past year I have been called to see three babies whose condition was so extreme that a wet nurse was the only alternative. One of these babies, eight months old, had had over a thousand reflex spasms. She had been given twenty-two different baby foods in the course of six months. A wet nurse stooped the spasms, and started her on the road to health.

Another baby, eight weeks old when I saw it, was emaciated to a skeleton. It weighed eight pounds at birth, and at eight weeks weighed but six pounds. A wet nurse saved its life, and it is now a healthy youngster of eight months.

I would lav it down as a rule to which there are but few exceptions, that with babies under six months of age, where artificial foods have been tried without success, the wet nurse is the sole dependence. In country places and small towns it is not always possible to obtain a satisfactory nurse, but in large cities it is always possible, and the benefits to be derived from breast feeding should never be overlooked.

#### THE APPOINTMENT OF DR. BIGGAR.

Amid the turmoil and politics of the recently closed, and perfectly legal election of the American Institute of Homeopathy, with its intensity of bitterness, its engendering of life-long enmities through the doubtful policy invoked, there shines out with luster the good work of one good homeopath and surgeon who cared not a straw for the gentlemanly politics so rampant at the said Richfield Springs; who came like a faithful member to attend the sections in which he was a contributor; who voted, as was his great American Institute privilege; who paid his hotelbill; and then disappeared, happy and radiant, to visit his daughter at Philadelphia, where the

young lady is in training for nurse.

We refer to Dr. Hamilton F. Biggar of Cleveland, whom some of his few remaining enemies tried to foist upon the Richfield meeting as a candidate for the Presidency. Instead of papering the country, after the fashion of the great political parties of our land on the eve of an election, in the interests of our party, right or wrong; instead of sitting up nights devising means of securing votes for himself or his friends; instead of spending his money, his letterheads, and time, in going after the voters, he quietly went about his work as chief homeopathic surgeon of Cleveland—and some say, generously, of a yet larger territory. While at Richfield, he was a marked and distinguished guest, welcomed effusively wherever he went; his papers were splendidly received, and given notable consideration, as were his remarks on the contributions of others.

As busy as he is, this homeopathic surgeon finds time to advance the cause of Homeopathy, and in the sterling fashion of the elders of the church. The man does not live who ever heard Dr. Biggar make a questionable statement concerning the value of homeopathy. No one ever knew him to report a case of crass allopathic procedure with that painfully transparent and lame statement, "This is not homeopathic, but-" No! he stands by our system. He was selected among the handful of Americans to prepare and present a paper before the International Homeopathic Congress at Paris this last year; and it proved to be, practically, the only surgical paper before that famous body. It was read by Dr. Léon Simon of Paris, and secured the great honor of a free discussion, opened by the honorable President of the Congress, Dr. Jousset, Sr. This excellent paper with title "Brain Surgery," has since been reproduced, with its many illustrations, in colors, in the North American Journal of Homeopathy.

At Sandusky, at the Ohio State Homeopathic annual meeting, Dr. Biggar presented a paper on "Lachesis Trigonocephalus in Septic Parotiditis," which was a masterpiece of homeopathic diction, and has been recently reproduced in the (London) Homeopathic Review. At the next annual session of this same State Society at Columbus, he read a paper on "Lachesis in Purpura Hemorrhagica," which elicited great interest because of its clear-cut homeopathic indi-

cations.

In the American Institute of Homeopathy at Washington, session of 1900, he had an able paper on "Cancer," which evidenced great study, deep thought, and much research on this most important of present-day medical subjects.

In the same Institute, at its next session, 1901, he presented "The Ætiology of Cancer, and Treatment for Inoperable Cases," which was the crystallization of another year of continuous

study on this interesting disease.

Before this same body he read a paper on "Localization of Septic Foci in the Brain," which, like the cancer study, was a year's further concentration on the subject of his International Homeopathic Congress paper, which latter, in its turn, had required the burning of a good deal of midnight oil.

At the Northeastern Ohio Medical Society Dr. Biggar discussed a simple and effective way

to cure hydrocele without the knife.

He contributed a brochure on "Nux Vomica in its Gynecological Relation," to the Homeopathic State Society of Ohio at Springfield; and at that same session a well-prepared paper on

"Appendicitis," in which, the latter, he carefully reviewed the present-day methods both in

surgery and in medical treatment.

From all which it would necessarily appear that this eminent surgeon,—and he was eminent and a master in his profession when the great majority of modern surgeons were in small-clothes,—it shows that this eminent surgeon has but little time to rest, except in changing the form of his labors. Dr. Biggar has always been a painstaking, thorough-going student, having properly earned his A. M. and LL. D. degrees. He is always abreast of the very latest to be found in the journals, long before the journal articles have been kodaked and embalmed in so-called text-books. No one ever saw him dawdling or idling. He is a busy man, and fuller of ambition and life than the majority of men a generation younger.

To be especially commended in this eminent surgeon and gynecologist is his love for homeopathy—for the mild power. This is not hearsay evidence on our part, nor the statement of an admirer; for we have many times put him to the professional test, and found him an enthusiastic recommender of the homeopathic

remedy over possible operations.

Dr. Biggar is deserving of these encomiums because he is a good man and a good homeopath; a successful surgeon and practitioner, with an ideal home-life; children who love and idolize him; an open-hearted, generous gentleman of the old-school; jolly, happy, radiant, and contented; a man of many friends among the people, in all stations of life—even to the very highest. No doctor ever successfully laid the accusation that he had been robbed of a case sent or seen in consultation with Dr. Biggar. No one in the city of Cleveland, or in Ohio,—and perhaps in larger territory of the United States,—has a warmer heart and a readier purse for the young doctor starting in business than Dr. Biggar; he never refuses to give counsel, time, and means to his brethren, young or old. He is popular with his patrons, as he is with his friends everywhere. He is noted for his indefatigable energy, and his ability to command success. We feel quite sure that this honored gentleman, since he has but latterly attempted the rôle of writing, will in time become as famous with his pen as he has been for a generation and more in his professional work.

It is, therefore, with special pleasure that we note and chronicle the recognition of his many services to the profession as teacher, writer, practitioner, surgeon, and gynecologist, given by the American Institute of Homeopathy at Richfield Springs when its President, Dr. A. B. Norton, appointed Dr. Biggar Chairman of the Section in Control of the Secti

tion in Gynecology for the years 1901-02.

#### IN THE PRIDE OF VICTORY.

Someone with very little regard for the established usages and committees of the American Institute of Homeopathy found it a newspaper necessity to prepare and telegraph flagrantly improper and unjust reports of men and matters at Richfield Springs to New York, Cleveland, and Chicago. The American Institute had a regularly appointed Committee on Press, with the indefatigable Dr. W. R. King of Washington in charge, which and who had been at work upon the various news-agencies of the land for months preceding, in their effort to secure proper recognition for the labors of the American Institute in advance of and during its sessions at Richfield. This committee was doing its duty perfectly and properly, when, as already intimated, someone at Richfield Springs went out of the beaten and honorable path to bolster up the fortunes of one candidate and destroy the prospects of the other.

An article appeared in the New York Tribune descriptive of the Richfield meeting which was a shame and a disgrace! It made it to appear that the medical men and women in convention assembled in Richfield Springs were of the type of the ward boss, or the members of a boodling legislature. It put an impress upon the conduct of our meetings that reduced us to the level of a political organization—out for the loaves and fishes—with no other thought than that. Who was guilty of this? We know not; this we do know, however, that the articles did not pass through the hands of the regular Press Com-

mittee of the American Institute.

Then, not content with degrading the American Institute in this flagrant, shameless, damnable manner before the peoples of the East, some Pastmaster in Dirt and Scandal turned his batteries on the papers of Cleveland, and transferred his venom from Richfield to Cleveland, in order to enhance the virtue of one man who needed no such bolstering, and to destroy the reputation of another who was wholly guiltless.

It was the height of impudence, of gutter scurrility; it was the acme of political trickery to telegraph, after the fact, one of several hundred political lies from the scene of a disgraceful political strife at Richfield to Cleveland, where and when it was to the interest of every ambitious homeopath to foster the impression of our greatness as a powerful organization, and more than ever desirable that the washing and airing of soiled family linen should be rigorously excluded from our home city; for the godfathers of this malignant gratuity well knew that they themselves had been as guilty of mendacious means for advancing the interests of their cause

as they affected to believe had been employed by

their opponents.

Lies, lies, innumerable lies, of all sizes, shapes, and dimensions were uttered and circulated with lavish malignity and ingenuity. Some few of these were believed, and tended to change the vote from one to the other of the candidates. But as soon as the heat of battle was over, when the all-night sessions in different parts of the hotel had been declared adjourned; when the bottles and glasses had been removed; when the smoke of political cigars had been shaken out of the curtains; when the guards had been recalled from the corridors; when the spies had all been dismissed; when the wax had been taken out of the keyholes; and the result of the ballot announced, there was instantly apparent a disposition to let the political lies take the usual course of political lies—having served the purpose of their conception, borning, and ephemeral

But not so in this one special case. Some rancorous party,—the worst enemy the successful presidential candidate has in all the world,—unmindful even of ordinary political decency, transmuted the general strife into a personal one, telegraphed this one wretched political infamy from Richfield to Cleveland as news matter, and so, later on, gave scope and opportunity for several column-and-a-half newspaper interviews to a handful of needy, ethical, non-advertising medical people.

The publication of laudatory words, the past and present life, and the picture of the successful presidential candidate, though perhaps a doubtful procedure, was not wrong. But the attack by his smell-feast friends upon an innocent man.—a professional brother and assumed rival,—was despicable and mean in the uttermost

degree!

But it is one with the customary annual tactics of this same coterie. Always about this time each year there appears in one or other of the Cleveland morning papers, under "scareheads," some interview reflecting upon one or the other of the factions—which do not exist. Sir? It was so last year, as will be recalled; it will be so next year, and the year after that, and the year after that, unless the fool-killer happens to stray along certain shaded walks of this our beautiful Forest City and removes kindly, if possible, but removes, nevertheless, a half-dozen newspapersensation writers, to whom such petty notoriety is as the breath of their nostrils. Thus and thus only do these medical scribblers seem able to keep themselves in the public eye and disregard. There is evident to them no other way to get into the morning papers without paying space rates.

It is, besides, such a famous way to cement

the homeopathic profession in our city and county; such an excellent fashion to build up a strong school and college; to invite the moneyed co-operation of large-hearted, public-spirited men and women. It inspires such a marvelous degree of confidence in the public towards our profession, as is evidenced by the mocking refrain heard at the bedside: "Oh, I see you homeopaths are at it again. What's the matter with your school of practice, anyway, that you can't stop this boy's play? Why don't you sometimes behave like men and doctors? Should think you'd be ashamed of this continued wrangle!"

Oh, indeed, yes! truly, we are a large crowd of broad-minded, charitably-inclined, generous-pursed medical brethren, here in this Seventh City of the United States! Indeed, we are. And if the great and glorious and unpolitical home-opathic American Institute of Homeopathy comes here next summer, we will show you, in one time and two motions, how good and how pleasant it is for brethren to dwell together in unity, which ran down his beard, even to the

skirts of his garment! Yes, Indeed!

### POSTAL CHANGES PROMISED.

At last Congress is being moved to provide some remedy for that large and constantly augmenting nuisance and provoker of harsh, nay, profane, language of the deepest dye infernal—the filling of our mails with pretended second-class matter, which is, in truth and fact, nothing but advertising matter so thinly glozed over as to cause marvel that the lynx-eyed Postal Department does not as readily penetrate the fraud as the average recipient of the truck. There is not a day, sometimes not a single mail, that is not filled with "Sample Copy" of "journals" which are neither sample copy nor journal by the most liberal and generous construction of an elastic law.

Some manufactory of a pharmaceutical article, or the American agency of a Made-abroad product, or of any other form of medical product, desires to place its balm of Gilead in the markets of the world: among the first things it does is to start a new "journal," which secures the minimum subscription,—how, no one seems ever to care to find out,—and at once proceeds to fill the doctor's mail with its original medical and chemical utterances concerning the patented product which it has on sale. (One of these ultra-enterprising firms, having for sale a mechanical contrivance especially designed for medical men, declined to adopt the ordinary and honorable course of advertising in medical jour-

nals, and paying for it, but at once bought up a tuppenny hack—an unsuccessful medical graduate, who had doubtlessly taken all the examination prizes—and he soon produced a "book," which was sent to the several journals for a review notice. It gives us considerable satisfaction to report that but few of the real journals of the profession bit at the bait; and, further, that the wonderful "book" is practically withdrawn from the market, and the article itself but

scarcely used.)

There is one so-called homeopathic journal which never reaches us except in duplicate, and always loudly and redly stamped "Sample There are some homeopathic pharmacies who buy an unsuccessful doctor body, bones, and breeches, make him editor, and then issue a monthly "journal" for the profession, which is filled from cover-page to cover-page with the burlesque homeopathy exploited by that particular firm—mostly complexion powders, combination tablets, and sure cures. There are college "journals" that are palpable advertising sheets of that college corporation, and of nothing else: some even go to the length of embodying its Annual Announcement, together with its cheap boarding-house roster, its Y. M. C. A. privileges, its long array of tinsel professors' residence and telephone number, its wonderful street-car facilities,—all the cars stopping before its door when hailed,—its particularly fine hospital advantages, and its absence, by implication, of homeopathy. Others of this class of "journals" print naught but the extraeloquent emanations from the pens of their professors, or discussions which drop from their Sozodont teeth, in the college forum, the clinic, or in the state or national societies, with the accompaniment of a fine wood-cut or half-tone portrait. Professor Able Hatcher, A. M., M. D., etc., the noted obstetrical author of our college, is always writing some wonderfully clever paper on the importance of carefully washing the babynapkins before a second use, or saving something at the State society tending to the uplifting and ultimate betterment of the medical profession in the way of a new device in safety-pins, all of which needs to be regularly embalmed in the pages of our college "journal," under second-class matter rates, and so save the regular printing and postage bill.

We hope and pray that these proposed changes in a very liberally construed postal law may be speedily enacted, and thus afford relief to a country and cities overridden by these pretended journals, with their A(rticulo) M(ortis) editors, these college fly-by-nights, and these

factory-advertising sheets.

And while the great and good government of the United States is getting its hand in, let us implead with it that it may also give us speedy relief of that other and really dangerous form of printed matter which floods our mail, runs up the railway-postal expense, and kills our carrier, shirt-waist and all—the patent-medicine outrage! Give us relief of this horrible plague, O ye Fathers of this Land, in Washington assembled! Bend down your weighty brows from the contemplation of Hanna and his Subsidies, and note the foulness and dirtiness, the fragrant nastiness of these human hyenas in the misuse of the mails for their robber concerns. Note how they are polluting the people—our people -your people—the people who elect you to protect them from immorality and crime! Note how these despicable nasty and utterly foul Artificers in Indecency now thrust their nefarious literature, with all its reeking filth of suggestiveness, into the hands of your innocent daughter and son! Think what such diabolical knowledge is like to fructify in their innocent minds and hearts. Put the public seal of your august disapproval upon these inhuman bloodsuckers,-some even daring to masquerade under women's names,—who fill our land with rotgut whisky of the meanest and dirtiest quality, plus a few aromatics, a hyphenated name, a squatty black bottle, and a fetching label, and so undermine the morals as well as the health of the people—our people, your people—the people who elect you. Have you no time, Fathers of your Country, to notice the literature which comes to your front door, thanks to the shirt-waisted carriers, and see what it contains of criminal possibilities for your wife and sons and daughters? Are you content to let these millionaire monopolies of filth and nastiness corrupt your family and that of your next-door neighbor? Rouse ve, Men of the People! This evil has taken on Large Proportions! It will be the ultimate undoing of the American People!

# ENOUGH IS A FEAST.

One of the peculiar happening at Richfield Springs was the report of the Ladies' Committee of the Hahnemann Monument Fund of its receipts and expenses, and its continued solicitation of more and yet more funds. Someone in the listening audience remarked that the war was over; that there was no further need for collecting for the "poor" soldiers. Is not the Hahnemann Monument completed and turned over to the proper parties? Are not all the bills paid, or in process of payment, with enough money in sight on the last effort made by the regular Monument Committee to liquidate every claim? Certainly. Why, then, continue the beseech-

ments of the profession and laity for more money? The Buffalo ladies have done all that was required of them. They did it nobly. They sprang into the breach at a time when there had been a very apparent and growing lack of interest in the profession towards the monument thanks to the left-handed support given by several of the journals; at this time this Buffalo Ladies' Committee came to the rescue and worked energetically! Perhaps its labors put the males and their indifference to shame and so spurred them on to renewed efforts. At any rate, from that moment forward there was a revival of the giving-fever, and the monument was cleared. Now let the begging cease. The profession has given all that can be asked of them all that should be asked of them for this noble purpose; and all other purposes growing out of the original monument are personal or private, and should be dropped. We thus take leave of the monument, with its several committees, thanking all for their interest and donations in having made it possible to unveil that great Work of Art at Washington last year—amid the solemnities and beauties which are now no longer matters of news.

# IT WASN'T LOADED.

This is a gun story, and has no reference to anything that happened at Richfield Springs. Two little lads "monkeyed" with an "unloaded "revolver, with the result that one is dead and the other was under police detention for a few hours, but eventually discharged, the crime being unquestionably a deplorable accident—and the shooter's father being a man of large affairs. The marvelous part of the transaction seems to lie in the fact that the young shooter's father is an enthusiastic sportsman, who has taught his son the other uses of a gun beside discharging it when unloaded and accidentally, and many of his special tricks: so that it was a fair inference that the lad would refrain from pointing a gun of any kind at anybody or anything except when bent upon destruction. It is not as if these lads had found papa's pistol laid away in the top dresser drawer, and had surreptitiously taken it behind the smoke-house to see the "whee's go wound." No; both these boys knew a revolver when they saw one, and one had had fair instructions in its handling. And still the tragedy. In St. Louis, many years ago, there was a splendid short-hand reporter named Holland, than whom, at that time, we question whether there was a more rapid or more accurate one. He was in demand by Congress in almost every large

investigation. His chief recreation was rifle-shooting: to which he gave all his spare time. He had one little son, a lad not over ten, whom he took along frequently and taught the use of the various kinds of arms. One day—the usual thing occurred. In handing a rifle to the lad, in some awkward way or other, while in the boy's hands, the gun discharged and the father lay a corpse upon the floor! There seems to be but one safe way to handle a gun: Don't!

#### AS TO HAIR RESTORATIVES.

A well-advertised firm of Cincinnati has doubtlessly been doing a land-office business in the way of selling its hair restorer, which never fails of the desired result, be it to bring the once ringlet locks back to their pristine color and softness, or in restoring the hair to the bald head of the master at the head of the tea-table. So sure is this said aforesaid firm of the efficacy of its hair rejuvenator, as it is advertised in most of the five-cent "literary" magazines of the day, and a few also of the poorer class of medical magazines, that it offers a free sample of its wonder-working dope. Upon sending the required half-dozen two-cent stamps for sufficient of the hair-wonder to show its absolute value, the answer comes back in the shape of a small thin rectangle of tar soap, with which the hair is to be washed. When so washed and properly dried, apply the hair tonic, which will be sent at thus and so much per bottle. A very clever swindle, forsooth, and the progressive Cincinnati firm is coining money, if not for its hair tonic, certainly from the surplus of postage stamps. Wonder if this is not in reality a fraud which might with propriety be looked after by the postal authorities?

—We saw one member of the Institute who claimed to have bet upon the election for president; and at the close of the contest flouted the money won in the contest! The American Institute is progressing finely! But there were no dirty things said or done at Richfield. Everything was nice, and sweet, and honest: and the opponents met after the declaration of the result, and were as good friends as ever before. It was simply a friendly contest as to which of two equally good and honorable men should be forced out of his modest professional environment and retirement and caused to represent the Institute in its highest and most honorable position. That was all.

#### A NEW SCHOOL OF MEDICINE.

At the St. Paul meeting of the American Medical Association, in an able and stimulating address, President Dr. C. A. L. Reed, extended greeting and invoked upon the deliberations "the spirit of liberty, courage, progress, and truth." "Events proclaim," he said, "the existence of a new school of medicine. It is as distinct from the schools of fifty years ago as is the Christian dispensation from its Pagan antecedents. It is the product of convergent influences, of diverse antecedent origin. It acknowledges no distinctive title, it heralds no shibboleth. It is a school of human tolerance, of personal independence, of scientific honesty. It is the slave of neither prejudice nor preconception, and abandons the accepted truth of yesterday, if it only be the demonstrated error of to-day. It places no premium upon personal prerogative, and extends no recognition to individual authority. It makes no proclamation of completeness, no pretention to sufficiency. It recognizes that truth is undergoing progressive revelation, not ending to-day, but continuing through the ages. It yields its plaudits to achievement, and recognizes that he is the greatest among men who reveals unto them the most of truth. It greets as a friend him who thinks, though he thinks error, for, thinking, he may think truth, and thereby add to the common fund. It heads all things, examines all things, judges all things."

# THE OLDEST PRINTED MEDICAL BOOK.

Dr. Frederick P. Henry, the Honorary Librarian of the College of Physicians of Philadelphia, has the true scholar's instinct to range himself among the laudatores temporis acti. In a recent address delivered before the Book and Journal Club of the Medical and Chirurgical Faculty of Maryland (Maryland Medical Journal, June, 1901), Dr. Henry started to describe the valuable collection of Incunabula in the College library, but he became so much interested in one of these old books that he very wisely decided to devote himself to a description of it alone. To this fact we owe his most interesting account of a volume which he tells us is reputed to be the first printed medical book. This is the "Tractatus de Epidemia et Peste," of Valescus de Tarenta. About this rare and venerable tome, which is one of the priceless relics of primitive typography, Dr. Henry discourses in a most instructive way. This book was printed doubtless before 1474, but, like the very oldest Incunabula, it is without date, and the proof of its age is collateral. Its contents are appropriate to the present time, for it discusses the Plague (that perennial subject in medical literature), and, as Dr. Henry tells us, it is redolent of the past, for it contains the ancient prescription called the "theriaca," which was composed of sixty or seventy ingredients. The Incunabula are the books that were printed before the beginning of the sixteenth century, and Dr. Henry has done well to introduce the partriarch of the bibliological fold to a modern and somewhat forgetful medical public. Valescus de Tarenta was a Portuguese physician, who seems to have taught in the ancient university of Montpellier, and who wrote his book many years before the invention of printing. He never saw the child of his brain in print, and would doubtless have been much surprised if he could have known that it was to be distinguished in future ages by being numbered in a favored class called the Incunabula.

#### PHYSICIANS NOT OBLIGED TO MAKE CALLS.

Considerable interest has been aroused by the recent decision of the Indiana Supreme Court, in effect that a practicing physician is not bound to attend any patient by whom he is called, unless he has made a contract for such services. Even the fact that he may have served as family physician does not impose the obligation to go, nor is the physician liable for the consequences of his refusal to answer calls.

This decision is looked upon with favor by medical men, as they do not consider their profession a quasi-public one which requires them to answer summons against convenience or inclination. While no reputable and conscientious physician will refuse his services in the relief of suffering, from purely selfish or mercenary motives, yet he properly resents any attempt to compel him by law or force to render such services.

## PITFALLS IN GENERAL PRACTICE.

J. DUNDAS GRANT, M. D.

In looking back on the ten years of busy general practice which extended from 1877 to 1888 I almost shudder to think of the pitfalls which by luck I escaped. What became of the cases of appendicitis which ought to have occurred and died? Why had I no deaths due to extrauterine fetation? May I say with Dr. Johnson, that it was simple ignorance? I do not think so. I never had occasion to break up the fetal head, and though I am not aware what the experience

of others may be, I believe that by the timely practice of turning, followed by the application of forceps to the after-coming head, I have succeeded in delivering in what would otherwise

have been cases of craniotoniv.

In my intercourse as a general practitioner with consultants I was often favorably impressed by those who, as physicians, strove to guard themselves from falling into surgical errors, and those who, as surgeons, gave due attention to the medical aspects of the case. In this way alone, it seemed to me, was the chance of error reduced to a minimum. I hold that while the general practitioner should emulate the exactness of the consultant, the latter should at the same time try to look at the case from the point of view of the general practitioner. The former may be a scientist or artist in his particular line, but the latter is the typical healer of the sick, whose livelihood depends upon his affording cure, relief, or consolation, an ideal which should be foremost in the mind of whoever would succeed in the practice of the healing art.

In the light of what I have just said, you will, I am sure, agree with me that the traps into which both general and special practitioners are likely to fall are many and various—the former for want of "special" knowledge, and the latter for want of general regard to medical considerations. I shall quote in particular specially those cases which have come under my own observation; and I shall in the first instance narrate a few instances of errors into which practitioners of general medicine might readily fall for want

of special knowledge.

The following is a concrete example: A young woman with many signs of phthisis-cough, expectoration, disturbance of digestion, loss of appetite, and general wasting—was sent to Bournemouth for treatment of her supposed pulmonary tuberculosis. My friend Dr. Davison, was unable to detect the physical signs in the chest required to complete the diagnosis, but he discovered a purulent nasal discharge associated with the presence of multiple polypi of small size. He directed the patient to return to London and place herself under my care. I was able to restore the nose to a reasonably normal condition, with the result that all the phthisical symptoms disappeared, and Dr. Davison's opinion was absolutely confirmed. Similar cases have been observed in which the primary disease was suppuration in one or more of the sinuses of the nose, producing the quasi-phthisical condition to which French writers have given the name of " pseudophymie."

Nothing is more terrifying to specialists in laryngology than the comparative indifference with which a persistent hoarseness is viewed by many general practitioners, the specialists well knowing that this is often the only symptom present at the early and tractable stage of epithelioma of the vocal cords. The practitioner is too apt to be biased by the absence of pain and of the "cancerous cachexia," a fetich to which too many lives have been sacrificed. How often, too, has an aneurism of the aorta been overlooked, when an examination with the laryngoscope would have rendered the diagnosis plain.

### ANTISEPTIC SURGERY.

JACKSON CLARKE, M. D.

As applied to surgical work, the terms "antiseptic" and "aseptic" are synonymous. Whether pathogenic organisms are destroyed by chemical means or by heat, it is equally in keeping with the principles of Listerism. Suppuration is to be regarded as a group of closely allied infective diseases. No surgeon or nurse who has any point of suppuration about the hands should take an active part in an operation. Suppurative foci about the patient's skin should also, whenever time allows, be cured before an operation is done. For preparing the patient's skin and the surgeon's hands for treatment by antiseptic lotion, ether soap is preferable to turpentine. The soap should be applied to the dry skin, and then thoroughly removed by warm water. The surgeon's hands should be kept warm by the use of glycerin and water after each operation. Where a high-pressure apparatus for the sterilization of dressings, towels, etc., is not at hand, a clean potatosteamer, kept briskly boiling for half an hour. will answer the purpose. Real sponges form the best of swabs, because they do not leave any of their substance behind in the wound; they should, however, not be used unless they can be prepared under the surgeon's own supervision. Their proper preparation occupies four days, and they should be dried in a dust-proof envelope. Lint swabs wrung out of 1-40 carbolic are not sterile: even small portions left behind in a wound may cause suppuration.

Swabs of absorbent wool inclosed in a double layer of gauze, having its cut edge turned inwards, are preferable. Mechanical aids to asepsis are never to be neglected. Careful shaving, followed by thorough removal of loose hairs, is imperative wherever visible hair is present on the part to be operated on. The mechanical removal of grit, etc., from wounds, combined with douching with warm saline solution, is often preferable to the use of carbolic acid or other lotion in recent wounds. Silk ligatures may be boiled for five minutes in 1-20 carbolic without

losing much of their strength; like other ligatures, they should be kept in 1-20 carbolic solution. All drainage tubes should be boiled before being used. As a dressing in the case of clean wounds, apply two layers of evanide gauze next the skin, over that as much sterilized absorbent wool as is required, and, superficially, another layer or two of cyanide gauze. When saline solution is to be used for intravenous or subcutaneous injection, it should be filtered through sterilized white filter paper. Iodoform is not an antiseptic in the same sense as carbolic or the salts of mercury. It should not be applied to clean wounds, but should be reserved for conditions in which complete asepsis is impracticable or infection already present. A stock of ten percent. iodoform-glycerin emulsion can be kept, and in cases where packing is required sterilized ribbon gauze should be passed through the wellstirred emulsion, and after the surplus has been squeezed out the gauze should be applied to the wound.

#### YE OLDEN TIMES.

Dr. Jacobi, on the occasion of the golden jubilee of his graduation as Doctor of Medicine, read a paper in which he traced the development of medicine as shown in the teachings of the early part of the century. He summarized the tendencies of medicine in the first half of the century in Europe—the sober, practical method of clinical experiment in England, the revolution of medical science under Bichat in France, and the sad influence of the romantic and imaginative tendency of German metaphysics that gave rise to the narrow-minded theories of medicine. The names of the men who were the leaders of medical thought in his student days are many of them incorporated in the terminology of medicine, but some were the propounders of totally forgotten theories. There was Nasse, in Bonn, who thoroughly believed in magnetism, and Ennemoser, who explained the relation of Adam to Eve by that alleged force, and how to magnetize the trees in the field and the child in its mother. There was Moritz Ernst Neuman who wrote a general pathology in six big volumes, but who, as Dr. Jacobi slily added, "did not expect us to know it all, for he was a kind, humane man." Others were Weber, the anatomist, and Bischoff, who intimated to Jacobi, who was paying his respects to him in a borrowed swallowtail, that unless he knew his wholly preposterous and utterly unintelligible text-book by heart he stood small chance of his diploma. There was, again, Conradi, who believed that a "cold drink was the root of all evil;" Langenbeck, of whom the story is told

that in the days before anesthesia, when lightning speed was the characteristic of a great operator, that he amputated a limb while a British guest was adjusting his spectacles to watch the operation. There were Lotze and Wagner and Kilian, all men who wrote books noted in their day and now forgotten.

#### POSITION IN LABOR.

The St. Bartholomew's Hospital Journal for April contains an interesting paper on "Practical Midwifery in Primative Culture" by F. C. Shrubsall. He says that neither as a science nor as an art did midwifery, among primitive people, ever attain to the heights reached by medicine and surgery. Whether from modesty on the part of woman or laziness on the part of man, the practice of the art has been left almost entirely in the hands of the female sex, with the result that, while in uncomplicated cases excellent results were obtained, complications were almost invariably fatal. In three countries alone, Egypt, India, and Japan, did the medical profession pay any attention to midwifery, and in each distinct advances were made. In Egypt the use of the forceps and the vectis were discovered, while in India female midwives were taught the first elements of asepsis.

In the Ayurveda of Susruta, dated by some authorities from the tenth century before the Christian era, it is recommended that women in labor should be attended by "four women of a certain age, used to attending confinements, and who have carefully pared and cleansed their nails." The postures adopted by savages for the second stage of labor are, says Shrubsall, very interesting, the recumbent position, now almost universal in Europe, being scarcely ever met with.

Dr. Engelmann has classified postures under three heads—the upright, the inclined, and the horizontal. The upright posture is again subdivided into the standing, the partially suspended and the entirely suspended. The standing posture is adopted at the present day in the mountains of Upper Silesia. It is also met with in the Philippines, the Antilles, parts of East Central Africa, among the Sioux Indians, and the more uneducated Boers of the Transvaal. The partially suspended position is assumed by hanging on to the neck either of a husband or a friend, as among many of the American Indian tribes, and as was the case during the last century in the north of Scotland; or of the doctor, as prevails in Japan; or by swinging from a rope or branch of a tree, as in Mexico and the Upper

Nile Valley. The completely suspended position is adopted in some parts of Brazil, the Southern States of the American Union, in some outlying German villages, and in Finland. The inclined postures are the sitting, squatting, kneeling, and semi-recumbent. The sitting position is found in all quarters of the uncivilized globe—Australia, Malabar, Central America, and West

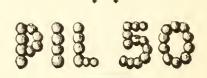
Africa furnishing abundant instances.

From hieroglyphs on old Egyptian monuments it seems probable that it was a common posture at that time, while the obstetrical stool was extensively used in Europe throughout the Middle Ages. The squatting position, which is the most natural of all for the expulsion of foreign bodies from the pelvis, is widely spread among latterday savages, and has been in vogue from very early times. Bas-reliefs on the walls of the temple at Luxor show certain Egyptian queens being delivered in this position, supported by the Hathors and numerous attendants. Statistics collected by medical officers of the United States Army attached to stations in the Indian reservations, prove that protracted labor and complications of all kinds, both immediate and remote, are less frequent among women delivered in this position than among those who adopt the recumbent posture. The squatting position is adopted by women in Southern Arabia, Persia, Australia, Polynesia, and also in some parts of Central Africa.

The kneeling posture is also one with a wide geographical and historic distribution. It was probably the one adopted by the Hebrews, by the Pelasgians, who occupied the islands of the Mediterranean at a time anterior to the siege of Troy, and by the mound-builders of the Stone Age in America. It was adopted in Rome, among the Arabs, and in mediæval Italy and Germany. At the present time, according to Ploss, this posture is assumed in Nicaragua, Eastern Asia, Greece, Finland, and some parts of Ireland, as well as among many tribes from all quarters of the the woman holding on to a stake, or inclined far forwards, as is customary with negroes; upright, the woman holding on to a stake, or inclined far backwards, a pad being placed under the buttocks, the abdomen protruding and the head hanging downwards towards the floor, the customary method of delivering fat women in mediæval Italy. Some tribes adopt the knee-elbow, and even the knee-face, position, especially in difficult labor.

The semi-recumbent position was probably the one most frequently adopted by the ancients, and is almost universally met with at some stage or other of labor among the savage races of the present time. A marble group from Cyprus represents this as the obstetric position in vogue in that country over two thousand years ago;

while a scene on the friezes from the Parthenon and a ceiling decoration in a palace of the Emperor Titus in Rome testify to its adoption in classic times. Reliefs on the side of a Peruvian funeral urn show that formerly women in the land of the "Children of the Sun" were delivered sitting semi-recumbent in their husband's lap, a position still occasionally adopted in all quarters of the globe, and by all races, white and colored alike. In the lower grades of civilization men are unwilling to do so much work, in which case the supporter is a female friend; but among the Kalmucks a vigorous young man is selected, and well paid for undertaking this office. horizontal position is almost peculiar to modern Europe, but is occasionally met with in America and China.



# The Latest of Safe Anaesthetics.

Dr. F. S. Twitty of Columbia, Ala., tells the Medical Council that in hunting around for a safer anæsthetic he has found the following formula excellent:

Add to each ounce of pure chloroform ten drops of camphor-menthol, which is made by rubbing together equal parts of camphor and menthol until a liquid results. He is sure that the above C. C. M. mixture is superior to chloroform or ether alone, and safer than the A. C. E. combination. The amount of camphor and menthol might be increased or lessened, if desired, both in same ratio preferably, but not necessarily.

From the several ingredients included in this recipe we would infer that the combination might be safely tried. Anything that offers a trifle more of certainty than the existent chloroform and ether will be welcomed by the profession. We look forward hopefully to the glorious day when some thorough-going, hard-working chemist will take his mind away from the filling of our mail with samples of hell-dope and hell-broths in the paid interests of native or foreign millionaire robber concerns, and give the general profession some safe anæsthetic which may be used in the office in minor operations, examinations, and the like, without the dangers so very evident in chloroform and ether. There comes and goes not a day in the average practitioner's life in which some safe form of anæsthetic would not be a great boon in his work. But the use of chloroform and ether necessitates the observance of certain State regulations—for instance, the presence of other physicians, thus adding to the expense, and increasing the embarrassment of an office patient because of witnesses present—and other requirements when the condition to be treated or examined for is proportionately trivial or of the minor order. Speed the day of a safe anæsthetic for minor work.

# A Specialistic View of Combination Tablets.

In years gone by the doctor was in the habit of thoroughly selecting his remedy, and by careful, exact prescribing often achieved wonderful results; it was that great difference in the method of prescribing and administering remedies that made such a chasm between the two schools of medicine. Next from powders, which were troublesome to put up, came a change to the form of the compressed tablet triturate, which contained merely the single remedy. This was undoubtedly an advance, and certainly more convenient for dispensing purposes; but, alas! it was merely the entering point of the wedge. Who does the prescribing now-the pharmacist or the doctor? In many instances I am compelled to say the pharmacist. Why? Because it is so much easier to carry a stock of tablets,—each of which contain at least three different drugs,-and to dump a few into a vial, than to think a while. There is very little question of selection; if the child has laryngitis, aconite, kali bichromicum and spongia, all in one tablet, are prescribed. This may work very well in such an instance, but how about combinations as bryonia, rhus tox., and macrotin? And there are others even worse. If bryonia is indicated, certainly rhus cannot be at the same time. Where this will lead is easy to foretell; it will eventually end in the total destruction of our homeopathic materia medica. If anyone belonging to our school is satisfied to practice this way, there is no need of accurate study of any particular symptoms, for the druggist has invented a tablet, which often possesses an elaborate formula and which necessarily must be supposed to relieve a variety of conditions. It is the return of the old shot-gun system in vogue in the days of our grandfathers. It seems very pathetic that Hahnemann should have given up his entire life and energies to establish the greatest law of cure ever given to the world, and in so short a time after his death forces most inimical to his teaching should be advancing.— From Presidential Address (Thomas L. Shearer, M. D.), American Hom. O., O., & L. Society, Richfield Springs).

## Globules.

—The fifteenth annual class for instruction in Orificial Surgery will be held in Chicago during the week beginning September 16, 1901, and will consist of a four-hours' daily session. For particulars address E. H. Pratt, M. D., 100 State Street, Chicago.

—We should like to have seen Dr. A. K. Crawford, formerly of Chicago, but now of California, when he had on his new "sojer unicorn," on the occasion of President McKinley's visit to the Golden Gate State. The Pacific Coast Journal of Homeopathy says he looked "scrumptious"—or words to that effect.

—On June 12 the annual exercises of the Middletown State Hospital were held, with the graduation of eleven nurses. The services and ceremonies attending these exercises are reported to have been most pleasant. The report speaks of the "fatherly countenance" of Dr. S. H. Talcott! Can any of his multitude of friends conceive of his looking like a father?

—On June 20 the Commencement exercises of the Homeopathic Medical College of the University of Michigan were held. Unhappily this was the time when the most of us were at Richfield Springs, to witness the amicable political contest—and some other things—so we could not attend the graduating exercises; nor could Dr. Hinsdale, the efficient and popular dean, attend at Richfield Springs.

—The Thirty-Seventh Annual Meeting of the Homeopathic Medical Society of Wisconsin was held on June 26 and 27 in the Arcade of the Plankinton House, Milwaukee. The programme sent us bodies forth a fine lot of papers and discussions, and if but the half was done that was promised in print, the meeting was one of great good and excellent in instruction.

—Dr. W. Wallace Gilbert and Miss May Gilman, both of St. Louis, were married on Tuesday, June 4, and are now "at home" at No. 314 South Jefferson Avenue. Dr. Gilbert presented an excellent paper to the Section in Pedology of the recently convened American Institute of Homeopathy. Our congratulations and best wishes to the doctor and his bride.

—Professor John Uri Lloyd of Cincinnati, the famous author, was a visitor to Cleveland recently, with his good wife. A number of eclectic physicians and others called upon the author, and found him a very pleasant and agreeable gentleman. His latest book, "Warwick of the Knobs," gives him more pleasure and satisfaction than his former ventures.

- —And Fisher of Montreal, with the same eyeshade and hat with retaining string, and umbrella, was present, and joined the Institute! This was greeted with applause.
- —Dr. Joseph Price, Philadelphia, attributes the enormous increase of appendicitis among women to golf, cricket, the bicycle, and other outdoor sports, which at times subject them to prolonged physical exertion and inclement weather.
- —Dr. W. H. DeWitt claims to have discovered from his personal observation that there is an inherited tendency or predisposition to appendicitis. He asks the readers of this journal to look into the history (family) of their cases and report results to him.
- —Father H. M. Paine was present at Richfield Springs, and was heard from, and to some purpose, as he always succeeds in doing. He has succeeded now in making his specialty a part of the Transactions, and in due time the same will be printed. Dr. Paine has lost none of his activity in a good cause, and his voice lost none of its penetrability when he raises it to be heard. He is still as hale and hearty as ever he has been since we first got acquainted with him.
- —It being the wish of the Utica physicians that the Semi-Annual Meeting of the New York State Homeopathic Medical Society be held in Buffalo rather than Utica, the Executive Committee have called the meeting for Buffalo. While the time of meeting has not been fully agreed upon, it probably will be the last week of September. It has been arranged to hold three half-day sessions, from 9 a. m. to 1 p. m., thus allowing the afternoon and evening for recreation and sight-seeing. The place of meeting will be one of the hotels adjacent to the Exposition Grounds, which will be the headquarters, and where ample provision will be made for all in attendance at rates not to exceed \$3.00 per day.
- —The Dr. Benj. F. Bailey Sanatorium Co. (Incorporated) will be located three miles and a half southeast of the center of the city of Lincoln, Neb., on a beautiful tract of land. building is of rock-faced brick, with heavy stone trimmings, built in the form of a cross, the east and west wings being 36 x 115 feet, and the north and south wings being 36 x 90 feet. This building is arranged and equipped in the latest style, and made to conform to the requirements of the present day in the way of the newest of apparatus and medical conveniences, as well as amusement possibilities. Nothing is forgotten or overlooked. Plumbing of the A1 class. We bespeak for Dr. Bailey and his sanatorium a generous patronage, well knowing his con-

- spicuous ability as a physician and surgeon, and his rare executive ability as a business manager.
- —St. Nicholas comes to our "youngsters" with unfailing regularity; and is enjoyed by them as always. They have long ceased to be small "youngsters,"—such as they were when they first saw this charming periodical,—but they still love it, and wait for it, and almost fight for its first possession. Its July grist of stories and pictures is of the usual excellent type and kind. Every family with children should possess this little magazine.
- —"A Railway President's Day" in current Century is as interesting a paper as we have read for some time past. The several papers having relation to the working of one's way through college, both as poor students and those of the other class, the more fortunate, constitute a series worthy the closest attention. It may give many ideas to those with abundant means for helping poor students and for other needful purposes in and out of college. "A Master Piece" by Millet is finely produced in this same issue. "Mr. Cleveland's Diplomacy," having relation to the Venezuela question, is an interesting study in statesmanship.
- —In the editorial department of the Review of Reviews for July Dr. Shaw discusses the prospects of the wheat and corn crops, the conditions of our export trade, and the recent growth of American capital; on the political side, the decisions of the Supreme Court in the insular cases are reviewed and summarized, together with Cuba's acceptance of the Platt amendment, and the outlook for Porto Rico and the Philippines; Mr. Carnegie's gift to the Scotch universities, the choice of Dr. Remsen as the new president of the Johns Hopkins University, and the launching of the Washington Memorial Institution are among the educational topics treated in this issue.
- —Abort an attack of Hay Fever by giving the patient 5 to 10 grains of the Suprarenal Capsules, three or four times a day, for two or three weeks prior to the time for it to come on. Keep up the remedy throughout the hay fever season and much suffering will be avoided. Samples of the Adrenal substance and literature upon the Suprarenal treatment may be obtained by sending professional card to Armour & Company, Clicago.

## The American Homeopathist.

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# The American Bomeopathist.

AUGUST 15, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



J. D. BUCK, M. D., Cincinnati, O.

#### .TOO MANY REMEDIES TAUGHT.

It gave us much comfort and considerable satisfaction to listen to the discussion elicited in the Materia Medica section of the American Institute of Homeopathy recently, under the able and enthusiastic guidance of Dr. J. B. Gregg Custis, when several of the members, notably the eminent dean of the Cleveland College, Dr. G. J. Jones, spoke of the too many remedies sought to be taught in the college course. This, as our friends and readers may recall, has been our continuous contention for some years past.

If Homeopathy be true,—and few of us who graduated from the old line of homeopathic colleges make any doubt of its truthfulness, to this extent at any rate,—if Homeopathy be true, then, the Totality-of-Symptoms is equally true; indeed, they are interchangeable. Hence the study of a remedy, as in the study of patient, MUST be in the Totality, and not in any divisional part.

Now, then, how many of our practitioners of to-day know the totality of, say, thirty remedies, so that, when they meet the totality of a disease in the patient, they will instantly recognize the corresponding totality of the remedy? We venture to say Not One In Five Hundred! Much that goes for Homeopathy, not alone in the ranks, but emanating from the rostrum of learned —book-learned—professors, is not Homeopathy; it is Eclecticism, and sometimes even worse; it is a mild and imperfect hybrid, bastard form of Allopathy. That's what it is. The human mind—and in that we include the mind of the medical student, who has twenty other and to him far more important studies to study—is incapable of grasping the totality of a remedy from a half-hour mouthing from a moth-balled manuscript of the remedy. What he gets and fills his notebooks, withal, is that colocynth is good for colic; that nux vomica is good for constipation; that sulphur is good for hot-feet and an abnormal hunger at ten o'clock, railroad time; that tuberculinum is good in tuberculosis; and so on and so forth. Is this Homeopathy? We all know it is not. What is it? Why, treating colic, and hot-feet, and constipation, and corns, by specifics. And, then, having consulted his notes, when the student makes use of the special brand of colocynth recommended by his Professor, he is grievously disappointed and disgustingly astonished that the much-vaunted homeopathic remedy will not promptly, safely, and easily remove the colic. Isn't this true—you, who are reading these lines? Weren't you inducted into homeopathic practice along lines similar to these? Didn't you feel an intense disgust, when, having found the symptom so learnedly expatiated upon year after year by the wonderfully learned Professor, and having tried to apply it in your first case, and failed,—didn't you begin to wonder, and later doubt the efficacy of Homeopathy? And what did you thereafter? Well, we won't

press that just now.

There are too many remedies crowded into the four-year course of our homeopathic colleges. They are read off to the class with nice dramatic gesture and orotund voice—but only a half hour long; and consist, with some few notable professorial exceptions, in the mere reading of the symptoms of the head and thence hurriedly down to the symptoms of the feet; and there being then no further anatomy left to cover, the lecture is complete and the student is ready to apply that remedy to the specific disease and cure! Alas, for the utility of such absurd teaching! After hearing three other lectures from that same sacred desk, and sacred papyrus, and sacred utterance, the student is unable to disentangle the head symptoms from the feet symptoms, and the feet symptoms are equally embarrassed with the diarrheic zone. Multiply this peculiar "knowledge" by four years and you have a form of Homeopathy which its best friend would not recognize; and which—as is but too painfully evident in later graduates—is soon cast aside as too cumbersome, too old fogied, too ridiculous, to longer carry around to the bedside. And so the helpful Foundry-Homeopathists step in with combination tablets and ten-per-cent. dividends, and the graduate practices the new Homeopathy, with a block of better-than-Government-bonds stock in the flap of his buggy-case. If, however, that student, or you, kind reader, had been taught all there was to gelsemium, or nux, or sulphur, or colocynth, or a dozen, or even two dozen remedies, some whereof have stood the white-hot plowshare test for over a hundred years, you or he would not have deserted the practice while still idolatrously clinging to the theory. Isn't this true? You know it is so.

It is because of this fad to run in all the little unproven psoric and antip-soric (as Father Lilienthal used to speak it) remedies with only a few lines of any form of proving, and recommending them for some special form of headache or bellyache, that has thrown down what formerly went for and was indeed Homeopathy. And it is absolutely necessary that some sanity be reintroduced into the manuscript of the professional professors before we can expect much of the annually emerging classes from our school doors. Think of a former excellent homeopathic professor, a promiseful materia medica man of prime rank, coming out, unsolicited, and recommending the products of a Combination Tablet Factory of the most noisome kind!

Get back to homeopathic materia medica, gentlemen of the materia medica desk. Leave off

your ringing periods concerning the physiological centers, and pathological centers, and the special departments in which the latest discovery in the realms of alleged homeopathic provings has shown some special bug poison or vegetal compound to be so awesomely wonderful. Leave that to the schools which deal in specifics as by first intention. Better Thirty Remedies under the hat, at two o'clock in the morning, than five hundred in the notebooks on the piano seven miles away, with telephone wires cut and dismantled. When the old, practical, thirty-remedy idea of Homeopathy once more dominates there will be no State board of homeopathic materia medica asking a fifteen-year-practiced practitioner to describe the symptoms of "juglans cathartica," or "artemisia vulgaris." Then that State board would remember that the practical profession sticks pretty closely to thirty, or at most, forty, remedies, well proven, and used for a hundred years, with testimonial records as high as heaven in one direction, and as wide as the earth in the other. Back to Sanity, Gentlemen of the Homeopathic Materia Medica Portfolio, and Members of the State Examination Boards!

### THE REPERTORY QUESTION.

Dr. Hooker, in his discussion of a paper in the Materia Medica section of the American Institute recently, had something to say concerning the use of the Repertory which was exceedingly apropos. He said, in part, that the reason why the Repertory was not used by the modern homeopath was because it was a labyrinth of nonsense; that it was not built upon any basis for practical use. He referred, as an instance in point, to the rubric "Hungry," and read off twelve different headings with almost infinite variations under each such heading, with, of course, correspondingly increased difficulties, because of the possibilities of infinite combinations of remedies.

Dr. Hooker is right. For years we have tried to make practical use of the Repertories on our book-shelves, and have only partially succeeded. They are, in effect, sealed books, open only to a few of those Great Lights who do not practice what they preach, and who, when they preach, fail to make the subject clear or intelligible to the applicant for such information. Some of the higher class of Repertory-users with whom we have come in contact, in times some time gone by, have been proud of their non-knowledge of even the simplest characteristics of a remedy. They professed to be slavishly dependent upon the repertorial summing-up. We have heard recommenders of the Repertory speak learnedly and almost fanatically of the absolute necessity for the Repertory; the tagging of this precious papyrus to the bedside and working out the case by higher mathematical formula, who do not, in what practice they have, ever think of carrying books to the bedside; and if they use a Repertory at all, it is in the fashion that the profession generally uses it,—as a range finder,—and then, applying what remnant or reminiscent knowledge they have of the remedies likely to be valuable in this general range, work out the question with that practical knowledge.

As we follow the practice of homeopathic medicine, in our poor parish practice, we would have but little even of that practice remaining were we to invade the quiet and solemnity of the sick-room with two or more books under our arm, reading up on our cases. In office work, in chronic diseases and the like, we make no question about consulting our books "in the presence of the passengare"; but not at the bedside. It has put us into nux vomica tantrums and given us a large disgust for such people when we have read, in some of the uppish upper-class and highsolar-walk homeopathic journals, how that some case of 'steen years of suffering, having trotted from Dan to Beersheba and back; having spent "thousands" of dollars; and having taken enough medicine to float a merchantman, how that such case was cured by a high-potency remedy—one powder—upon three little insignificant symptoms, or, perhaps, upon only one! We believe such stories are—stories! We have studied homeopathic materia medica with a fidelity and enthusiasm that gives place to no one else of our acquaintance. We have tried to follow the law implicitly,—as Hahnemann gave it,—not as some of his alleged disciples of a modern date have interpreted it, and we find no such easy way of giving medicine. Nor have we ever met with patient who will wait eighty-three-and-a-half days upon the action of one powder of an infinitesimal. Let us be rational, for goodness' sake. There is trouble enough in the school on essentials without dragging in the non-essentials, and this is one of the most nonsensicalest of nonessentials. In our personal practice we have found most help from Gentry's "Concordance Repertory." It has led us times out of number to the remedy without all the abracadabra and confusion and checking and canceling and transmuting and guessing of the repertory which Dr. Hooker has so well questioned in his question. And next to this has been Minton's "Uterine Therapeutics" for help in quick work—in the office, mind you, not at the BEDSIDE. The few Repertory-using doctors of whom we have much knowledge are professional professors of the profession; that is, their business in life consists in teaching How, but rarely attempting to Go there themselves.

# Materia Medica Miscellang.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. (See issues of January 1st or December 15th each year.)

#### Remedies in Sleeplessness.

W. A. Dewey, M. D., in Cleveland Hom. Reporter: Coffea is very useful in sleeplessness, because the patient is full of ideas; great mental activity, especially after pleasant surprises. Sleeplessness, owing to excessive agitation of mind and body, and here it had best be given high. Sleeplessness from the bad effects of too good news.

Cimicifuga.—Sleeplessness of drunkards, delirium tremens, opium eaters. There is pain at the base of the brain, extending to nape of neck and sometimes to shoulders; mentally there is a sense of crushing depression, a feeling as if the mind were wrapped in the blackness of eternal darkness. Throughout the body there is a condition of active and distressing tremulousness.

Arsenicum.—Sleeplessness of those who are suffering from blood degeneration and from malnutrition, accompanied by an exhausted nervous system. The brain and body are anæmic. Restlessness and anxiety due to anæmic irritability. (Aconite: restlessness due to erethistic hyperæmia.) The arsenicum insomnia needs liberal use of milk and beef tea, warmth, and rest both day and night. Such a patient needs restorative treatment.

Phosphorus.—For sleeplessness following intense mental overwork and anxiety, and coupled with distressing confusion, pain and vertigo in the head. Patient falls asleep easily enough, but is awakened as easily. He sleeps and wakens many times in a single night. Five drops of the 3x in a half glass of water, spoonful doses every half hour during the evening, followed by a bowl of hot soup or a cup of beef tea or hot milk at bedtime, will generally relieve the pain and restlessness of brain fag and secure a sound and refreshing sleep.

Silicea.—Is the remedy for sleeplessness of utter mental and physical inanition, when food fails to nourish, when the heart loses courage, and when there is abject despair and total absence of hope. Talcott says: "It will often work a wondrous and magical change in the condition of affairs."

Coca.—In cases of mental exhaustion, utter prostration at times and again patient is bright and well and eager for work. Sometimes you meet a patient who is suddenly awakened after

going to sleep by a sense of shock in the brain. Weak and nervous women, worn-out brainworkers, are peculiarly liable to such conditions. If it is a spasmodic anæmia, coca is the remedy.

Opium.—Sleeplessness from shock of bad news, fright (aconite, with agonizing restlessness), but with opium dullness and dazed depression. Stupor of cerebral congestion, particularly where there is a tendency to atrophy.

### Iodine in Chronic Suppurative Otitis Media.

Francis B. Kellogg, M. D..<sup>22</sup> has found a class of cases in which the application of iodine proved remarkably efficacious.

They are briefly described as follows: There is total destruction of the drum membrane; the exposed mucosa of the middle ear is angry looking and irritated, while there is a scanty, usually offensive, purulent discharge dropping down from the attic. This condition may have existed for many years, and until adopting the use of iodine I had great difficulty in getting the discharge under complete control. I do not now claim to have discovered a specific, but simply say that I have been able to quickly and permanently cure several cases with this agent. In treating them I religiously avoid injection of fluids. The middle ear is carefully dried with cotton. This is carried on a delicate dental probe, properly bent up into the attic, so that all the septic moisture is absorbed. Then boric acid is insufflated for a day or two until all odor has disappeared. When this condition is secured application of cocaine is made, and a cotton-tipped probe, bent a quarter of an inch from the end at an angle of about sixty degrees, is dipped in iodine tincture, carried through the speculum into the middle ear, and up into the attic. Here it is thoroughly applied to every part, and afterwards all inflamed or eroded spots visible in the middle ear are also touched. If it is possible to reach all the diseased tissue, the effect is in many cases a rapid cure.

It is not pretended that this treatment would be generally sufficient to cure in those cases in which the bone has become carious, although I should expect even in these to clear up a certain proportion of them. Where the process has extended into and involved the mastoid antrum, nothing can be expected to relieve surgical interference. In cases where the caries has not extended beyond the attic, a cure can sometimes be accomplished.

# Gelsemium in Ocular Therapeutics."

Because of its marked effects upon the nerves of the eye, gelsemium has been tried in several diseases of that organ, and found to be reasonably satisfactory in some of them. Where an over-exertion of the eyes brings on amblyopia, or partial loss of vision varying from a slight weakness to an almost total blindness; where there is a mist before the sight, a confusion, a drooping of the upper evelid, together with more or less headache, this remedy does much good, and is worthy of a trial. Ptosis, when not due to traumatism, can be relieved. Asthenopia, when due to insufficiency of the external rectinuscles, some simple cases of glaucoma, and catarrhal conjunctivis have been cured by minute doses of gelsemium.

#### Calomel. 36

Struck by the good effects of minute doses of calomel in cirrhosis of the liver, Dr. Jousset has experimented with it on rabbits in the laboratory of the Hôpital St. Jacques. He finds the condition of liver set up by it to be precisely that of the initial stage of cirrhosis. Finding a similar condition set up in the kidneys, he has tried the drug in renal dropsy also, and relates a case in which anasarca cleared away nicely under its use, in doses of about 1-33 gr.

## PODOPHYLLIN.\*

By WILLIAM BRYCE, M. D.

When podophyllin is given between the mother tincture and 3x I know of no medicine whose action varies so much with constitutional peculiarities. These must be connected with the fact that livers vary as much as noses—no two being alike; many are so sensitive to the least over-stimulation, while others may be compared to low-bred horses which heed not the whip; for on whatever other part it may exert its action, I think the liver comes first.

Innumerable times have I seen, from 2x and 3x in amateur doctoring, its characteristic diarrhea, already described by Dr. Hughes, in every degree, from the very slight, occurring once or twice in the morning, to a violent form, requiring, at the time, active treatment, and afterwards a more or less lengthened period of the use of remedies to antidote the over-stimulation.

I may give here a brief summary of a case I once saw, twenty years ago, in the final stage of its effects. The lady, a person I had known previously, was treated by an orthodox friend of my own. There were the usual results—overstimulation and very free action of the bowels. Such effect on the liver is similar to that of a

<sup>\*</sup> Section of Med cine and Pathology, Br. Homeo Society.

glass or two of wine—a feeling of renovated vigor. The sequence was the same exactly as noted in the case of calomel. On a return of the symptoms more podophyllin, but the intervals of health became shorter and shorter, the remedy failed to give any relief, and at last physical weakness ensued. Here again we have a state so similar to the gradually-produced effects of too many glasses of wine partaken of for some time with fair regularity—steady stimulation to a high pitch and then helpless intoxication with powerless limbs. My friend could not face the exertion of a single stair from the subjective sense of physical inertia. In this stage the difference between the effects of calomel and podophyllin is that from the former the inertia is not so great, and the tongue is always coated with a thick white coating, but with the latter it seems denuded of its epithelium, dry and glossy, but in other cases bright red and the papillæ enlarged, but never coated. White stools also are sometimes a secondary effect. When reduced to this state the patient's husband asked me to give an opinion. I found no sign of any disease whatever. The pulse was scarcely perceptible. The first cardiac sound was short and not louder than the second, the two giving a tick-tick action instead of the normal rhythm. I have relieved that action, when idiopathic, with podophyllin. Reaction brought with it complete atony of the bowel. I gave the opinion there was no disease—just the effect of the drug. Mrs. M., aged seventy, had been a patient of

mine for some years, during which she had no illness except now and again bronchial catarrhs, and never had a symptom pointing to any imperfection of hepatic function—in fact, she never knew she had a liver. The heart was muscularly weak, but nothing valvularly wrong. I saw her on March 5 in bed, and examined her very carefully. The heart was as stated, liver normal and of normal size. She complained that day of nothing but constipation, which being evidently from atony of the bowel, I gave her some nux 3x. Ten days afterward called to her early and in haste; I found severe vomiting and purging going on, the vomited matter and stools containing a great many masses of mucus large enough to fill a dessertspoon. Temperature 101°, a pulse of considerable tension, heart's action strong, but no bruit. Being a very thin person, the enlarged liver could be seen, and percussion revealed it extending to three inches beyond the costal border, soft, velvety, and tender to the touch. I at once suspected that some crude drug had been taken, but she and her daughterin-law both denied any interference with the nux. At 3 P. M. she was in the same state, also at 10 P. M., and still a denial. Tuesday, 9 A. M., vomiting and purging not so very frequent, but otherwise the same. I said to her daughter-inlaw, with, I suspect, more fierceness than I was aware of: "You have done something, and I must know now or never." The reply was: "My mother-in-law said that the nux was doing her no good, and she asked me to give her the drops Mrs. T. recommended, and I have given her five of them night and morning for two days"—though it may have been more, for one lie often follows another. The medicine, when the phial was produced, I found to be podophyllin, mother tincture. The cause of the illness was now clear enough. She died that night.

Mr. W., aged sixty-three, an old patient, sent me a bottle of urine, and called two days after. I told him there was no sugar, albumin, or anything in it-nothing wrong except that it had no color. I examined him carefully, but found nothing. On his telling me that he passed large quantities at a time, I said: "Take this glass measure with you. It is graduated up to twenty ounces. Measure the quantity every twenty-four hours for a few days, and then call." He did so, and his record showed that on some single occasions he passed as much as twelve, fourteen, and nineteen ounces at one voiding; the daily quantity ranging as high as eighty ounces, while in one night from 10 P. M. till 6 A. M. the following morning the large quantity of sixty ounces. Asking him if he felt ill, he said that some weeks before, feeling as if bilious, he began to take podophyllin 3x. The case was now clear. It was stupid of me not to suspect the cause, because I had met with the same effect from low dilutions hundreds of times, and at the same time observed that in such cases there was, as a rule, no action on the bowels, but that it had rather the effect of increasing the constipation. This condition I have very often met with occurring idiopathically, and have never once seen 12 fail to remove it when so. I once gave 6 for this idiopathic state, but it brought on the characteristic diarrhea of the drug. I have seen so much of it that, before deciding on the dilution to prescribe, I generally inquire whether or not this state ever occurs, or if even occasionally.

# CAUSTICUM.\*

By G. E. DIENST, M. D., Chicago.

Causticum is not only a remedy unique, but wonderful, in its results when indicated. Through the vegetative nervous system it acts especially upon the respiratory and urinary organs. Through the sympathetic nervous system

<sup>\*</sup> The Hahnemannian Advocate.

its range of usefulness is greatly augmented. It is classed, by our best writers, among the anti-

psorics.

The provings of causticum are many, and so far as I have been able to see are indeed very reliable. It is a well-proven remedy, but too often neglected in general practice. Waiving discussion of its physiological actions, let us see where causticum may be used to advantage in healing the sick.

One of the first things we notice in the general appearance of the patient is weakness. The text says "weakness of memory," which is true,—so many drugs have weakness of memory,—but it is not the whole truth. This weakness affects usually every part of the body. "Faint-like weakness or sinking of strength, with trembling." In this respect causticum moves alongside of gelsemium, which is "very tired," with trembling. Causticum is so weak that the patient will throw herself in a chair or on a bed, and complain of such weakness that it is quite impossible to move about or talk with comfort.

From this you can understand such provings as "inattentive and distracted; taciturn; distant; disinclined to work; great anxiety." No wonder one feels so peculiar when such weakness is present. And, strange to say, in this condition the more the patient thinks and broods over his complaints, no matter what they are, the worse

he feels.

This weal,ness of causticum is progressive, going on and on until we have a "gradually appearing paralysis." Indeed, paralysis is common with causticum, and attacks generally the right side, affecting the lateral half of the body. But it also has local paralysis, affecting more especially the vocal cords, muscles of deglutition, tongue, eyes, eyelids, face, bladder, rectum, and extremities. Looking more carefully into the effects of this drug upon the nerves, we find all grades of nervous twitching, chorea, convulsions, and it is said by some that certain forms of epilepsy and motor paresis, progressing to locomotor ataxia, come under the curative powers of causticum when the symptoms agree.

Another characteristic with this weakness and tendency to local paralysis is "drooping of the

evelids" (like gelsemium and sepia).

Neuralgic affections are common to this remedy, especially such as affect the face, stomach, and ovaries. These affections are sometimes very obstinate.

Mental.—On the mind this remedy exerts a depressing influence. This is in keeping with its

general action on the nervous system.

The provings say: "Melancholy mood; sadness; hopelessness; is apt to look on the dark side of everything." You will often find, in addition to these conditions or symptoms, a feel-

ing that no one understands their troubles, and hence cannot sympathize with them. They want sympathy, much of it, and where the disorder is due to care, or grief, or sorrow, they want a great deal of help, but it must be sympathetic help. This mood preponderates, but it may alternate with an anxious, irritable, and hysterical mood. One of the worst features, and one so frequently found in causticum, is hopelessness. In certain forms of influenza calling for causticum in fleshy people with small heads, look out that they do not give up and lose their grip on life and die before you are aware of it.

Eyes.—In causticum the vision is often affected. The text says: "Appearance of gauze before the eyes, or fog, or cloud. Sudden loss of sight, or movements before the eyes as if a swarm of insects were flying to and fro." This is true, but in connection with these difficulties of vision we have, to some extent at least, muscular twitchings, or tremors of the muscles controlling the eyes. Some provers have found it excellent in the cure of incipient cataract, but of

this I can say nothing from experience.

Ears.—The ears come in for a good share of causticum, for we find roaring, tinkling, humming, and all sorts of noises in the ears. This condition we find also in many other remedies. The one thing that distinguishes causticum from other remedies is "reverberation of sounds, especially the patient's own voice." Again, we find a good deal of burning of the external ear, but sulphur has this symptom also very prominently. Indeed, there are many resemblances between these two remedies, and they often follow each other with profit.

Face.—Before going any farther, and because of what follows, let me tarry just long enough to say that a typical causticum patient is thin, scrawny, has rough, dry skin, dark eyes and hair, yellowish color of face (not jaundice), with sad or painful expression, for such a patient when

really sick suffers considerable pain.

They are predisposed to paralysis of a rheumatic or psorie origin. There is also a strong

tendency to stiffness of the jaws.

Again, it is not an uncommon thing to find a paralytic tendency of the tongue. This comes out at times, in certain forms of la grippe very suddenly. The patient suddenly gets hoarse, a slight cough sets in, there is difficult deglutition, the throat feels very raw and sore, and, upon examination, you will find it very red, almost purple, and in a very short time there is loss of voice and complete paralysis of the tongue, and everyone in the house thoroughly frightened. Given sufficiently high, this remedy will do what no other remedy will do, and do it quickly.

Throat.—Upon the throat this remedy has a strange influence. Here are the provings:

"Burning pain in the throat, not increased by swallowing. Pain is on both sides, or seems to arise from the chest." Usually just beneath the center of the sternum. "Rawness and tickling in the throat, with dry cough and sour expectoration after long coughing." This is usually a small lump of mucus, and when expectorated there is peace until another lump accumulates.

The sore throat begins with a sensation of great rawness, the patient does not care to use the throat—it feels weak—the larvngeal muscles grow weak and tired on exertion. There is considerable pain, but this is usually in the center

of the throat, rather than either side.

Organs of Digestion.—It is said that one of the peculiar characteristics of causticum is a "sensation of lime being slacked in the stomach, with eructations of air and gas." Such a patient has an aversion to sweet things; sugar and pastries cannot be endured. In this it differs so much from argentum nit., where there is a strong desire for such things, which usually

Its usefulness, however, in the digestive tract will be found further down, for this remedy is one of the best in anal and rectal troubles. Here are some of the things that lead to its use in diseases of those parts: "Constipation, frequent but unsuccessful desire to stool." This makes us think of nux vomica. "Frequent ineffectual desire to stool, with much pain and straining." "The stool passed better when standing." other remedy has this symptom so marked as the one in question.

We often find hemorrhoids impeding stool. Because of much straining, these are often swollen and itch and smart furiously. They feel raw and sore—a characteristic that goes right through this remedy. Rawness, just as if the parts were denuded of their membranes and exposed to a sharp cutting atmosphere. And now, when the provings say, "by walking, or thinking of them," you will readily understand why this is. Clergymen and public speakers afflicted with this class of hemorrhoids suffer much in their public ministrations; for every effort to use the voice or body brings on a feeling of extreme soreness and rawness of the parts. These things have been verified so often that they "will do to tie to.'

Urinary Organs.—Upon the urinary organs this remedy has a marked influence. "Constant ineffectual desire to urinate." Here we have a condition akin to that found in our study of this drug on the anus. "Frequent evacuations of only a few drops at a time, with spasms in the

rectum, and constipation."

In this condition there is often a great deal of rawness and soreness, painful micturition, and when nux vomica and cantharis fail causticum

will often do most excellent service. Again, "retention of urine, with frequent and urgent desire, occasionally a few drops dribble away. Notice how the tendency to paralysis accompanies this drug in all its characteristics.

Again, "Involuntary micturition when coughing, sneezing, laughing, blowing the nose, when asleep.—especially in the first sleep, which is often so deep that the child is hard to waken, when walking or—in children—when playing. "Urinates so easily that he is not sensible of the stream, and scarcely believes in the dark that he has urinated at all, until he makes sure by sense of touch." This is due to a weakness of the bladder, and where there is tendency to paralysis causticum is a most important remedy. In aged people who suffer from complications, there is, with this tendency to weakness of the bladder, more or less pain on urinating, and where the symptoms agree, this drug has great curative powers. Again, in such people, where we cannot hope for a cure, this is one of the greatest palliatives we possess, for it stills that twitching, jerking, uneasy condition of the semiparalyzed nerves.

As to the urine itself, we often find it loaded with lithic acid and lithates; there are thick deposits or sediments of various colors from dark

to light.

Respiratory Organs.—"Hoarseness, increased mornings; rawness and sudden loss of voice,' says the prover, and who has not seen this condition fade away like a shadow before the influence of this king of throat remedies?

"Larvngeal muscles refuse to act; they are too weak, and on motion feel raw, sore, and

sometimes burn; cannot speak loud.'

"Chronic hoarseness." Yes, if this hoarseness results from acute laryngitis. "Hoarseness, deep bass voice." Here it compares favorably with drosera. These conditions are easily removed with causticum, and this is especially true when the trouble finds its origin in paresis or catarrh. Passing down the throat, we have rawness and irritation of the trachea, the cough is dry, hollow, raw. The patient will cough until he expectorates a small lump of glairy mucus, when he has relief.

Each time he coughs he has a pain in one of his hips, or is annoyed with involuntary spurt-

ing of urine.

As the disease passes downwards we notice the patient endeavoring to cough as deeply as possible to dislodge the bit of mucus that annovs him so much. It seems he cannot cough deep enough to start the mucus. This cough is aggravated by expiration, and is often relieved by taking a sip of cold water; it cools the sore and irritated parts. In children, more than in adults, we often find an inability to expectorate the accumulated mucus. The child gets it up part of the way, and then must swallow it. In such cases, when symptoms agree, this remedy is most excellent. The most characteristic symptom, however, calling for causticum in diseases of the respiratory organs is a sensation of soreness and rawness. Every time the patient takes cold the throat feels sore and raw, the muscles even become very sore and the old-time flannel and bacon irritate the patient, and he feels better if the throat is kept free from pressure and bandages. In influenza it disputes first place with eupatorium perf. and rhus tox., all of which have a tired, sore, bruised sensation in the chest when coughing, but causticum has the greater rawness, with loss of voice, and involuntary micturition when coughing. During the recent epidemic of influenza, where the patients complained of severe soreness in the throat and in a few hours were speechless, I found causticum a trump card.

Neck, Back, and Extremities.—On the neck, back, and extremities this medicine is indicated where there is a great deal of stiffness of the muscles; they feel as if they were bound, and when a "cold settles in the neck" there is such stiffness the patient can scarcely move his head (bryonia). Painful stiffness of the back and sacrum, especially when rising from a sitting posture. There is a strong tendency to paralysis of the upper and lower limbs. The pains that affect these parts are dull, drawing pains; the arms, hands, legs, thighs, knees, feet—all feel weak and sore; which pains are aggravated by going into the open air, when they usually become very sharp, especially in a cold, damp wind. The pains are ameliorated in a warm room, or on going to bed. This weakness is so severe that the moment the patient attempts to move about he begins to tremble. You will readily understand, therefore, the utility of such a drug in rheumatic and arthritic inflammations, where there is drawing or real contraction of the flexor muscles, and stiffness in the joints. It vies with rhus tox, and sulphur in diseases of the back and extremities and in chronic rheumatism. It is time well spent to study the relation and correspondence of these three rheumatic disorders where there are few oftener indicated than causticum and sulphur, and where two seldom supplement each other better, when complements are needed, than these two heroes of medicine.

Sensations.—The sensations of causticum have been intimated repeatedly, but to bring them more prominently before our notice let us say that they are tearing pains, are paroxysmal, as in neuralgia of the face. Again, there are great soreness and rawness. No matter where the disease may locate itself there is that ever-abiding soreness and rawness. Whether on the scalp, in

the throat, larynx, trachea, in the chest, rectum, anus, urethra, bladder, or in eruptions, there are soreness and rawness. Let us not confound this with the bruised feeling of arnica, which is mostly muscular, nor rhus tox., where there is aching as if the parts were sprained, which is found mostly in the tendons or sheaths of the muscle; but a soreness of mucous surfaces, which, upon examination, not only look raw, but feel decidedly so to the patient.

Again, in this remedy we often find much burning, especially of mucous surfaces. To differentiate between other remedies that have burning, notice that the burning of sulphur is associated with itching; that of apis with that of stinging, and that of causticum with soreness.

Again, these drawing pains of causticum are so severe at times that they almost force the extremities out of shape; indeed, where the disease continued to a paralyzed chronic state there is actual deformity of limbs. Here, again, is where this remedy, when given high enough, scores some of its best runs.

In conclusion, permit me to say that some of our provers have succeeded nobly in curing neuralgia and kindred diseases arising from suppressed eruptions.

It is especially adapted to weak, scrofulous persons, with sallow or semi-tropical complexions (Chinese, Japanese). In glandular indurations it keeps step with baryta carb. and alumen.

### REPORT OF COMMITTEE ON MEDICAL EDU-CATION.

FRANK KRAFT, M. D., Cleveland, Chairman.\*

Being a Methodist and a Republican, I accept everything that is offered me, and so it has happened that I permitted myself to be thrust into an office which was clearly designed for someone clse. When I accept a place I do my very best, unmindful of comfort or convenience. But in this appointment I have found much reason for murmuring. The Committee on Medical Education was the outgrowth of a compromise after several minutes of heated discussion; when that strife was eventually quelled, and the original motion appeared, clad on with its several amendments, it was shorn of most of its glories and possible usefulness. A gentleman in membership with us, a member well known, and who had given this matter of medical education his special study and attention for several years, and was, in fact, chairman of a similar committee in the American Institute of Homeopathy, pro-

<sup>\*</sup> Presented to Hom Med, Soc. of Ohio, Columbus, May, 1901.

posed the forming of a similar body in this society. Under the practice of every parliamentary body from time almost immemorial, the proposer of a resolution is chosen its chairman. In this instance, however, this time-stained rule was set aside, and myself appointed to the chairmanship, when I was no more fitted for the place than I am to do a trachelorrhaphy or appreciate the value of a homeopathic remedy in any but the double, big M potency. To add to the chapter of misfits and confusion, the committee was dammed and d——d (both spellings) with faint praise, one of our members having stated on the floor that a similar committee in the American Institute was a harmless committee, and that he, for his part, had no special objection to the forming of a like (harmless) committee in this society. Thus conceived in misunderstanding and born in compromise, the Committee on Medical Education entered upon its labors with no notion of its requirements or purposes, and now presents through me an individual report to show the unwisdom of appointing an unfit chairman in place of him who should have been appointed, and who would have done honor to the place and to the society.

I applied primarily to our two homeopathic colleges in the presumption that these being financially and in every other way interested, would respond interestingly and valuably. My last resort, and which should have been my first, was an appeal to Dr. Frank Winders, the efficient secreatry of the Ohio State Board of Medical Registration and Examination, and from him I received, as always heretofore when addressing him, a prompt and courteous reply, with sufficient data to fill several pages of this harmless report of a harmless committee, and so to give semblance of large labors done in your behalf.

Medical Education, for an expressive title, is singularly inexpressive. It says nothing. leaves the field wide open. If it has reference to that education which is estimated by the laity from the many shelves of books, the two or three glass cases of instruments and scientific appliances, and the cupboard filled with modern therapeutic measures, then the task of this committee would resolve itself into a recital of the titles of the books, and copying the names on the bottles. If it means a description of that man in the profession, who, to a two-vear course in an old-fashioned medical college, preceded by a heritage of "hoss"-sense, added to the accretion of wisdom and experience gained by the generous use of elbow-grease and axle grease, his success evidenced by the use of four horses with initial rosettes on the blinders, two red running-geared buggies and a colored driver, then the task becomes correspondingly more laborious. But if it refers chiefly or only to that education which a medical matriculant brings from the village smithy under the spreading chestnut tree, or the plow-tail, or the little red schoolhouse on the hill, then the report narrows itself into very decent compass, for all this has been so well formulated and coded by our State Board of Registration and Examination that anyone who cares may read. I think possibly the latter postulate is the long-felt want, since, that once well arranged, as it will be by our energetic State Board, the graduate issuing from any of our colleges thereafter is very apt to be a good man, and hopefully a successful physician and surgeon, who will not need to resort to the church and Sunday-school racket and other of the alleged medical-man and medical-woman tricks in order to get a foothold in any community. However, I shall speak also of other matters touching the education of the medical man, as it may refer to his college training.

For years Ohio was made the dumpingground of all manner and conditions of alleged medical men. When our big neighbor on the east put up her spite-fence, and closed her doors against the former Coxev-army of medical mendicants, the drift Ohio-ward was plainly noticeable. When at last our State awoke to the needs of a high fence of its own, the influx of undesirable material measurably abated. Still there were Western colleges and others elsewhere which continued to pour in their Meistershaft-system graduates, and who, these graduates being armed with legal diplomas, the necessary king's shilling, and easily secured recommendations, were at once registered, and became, for aught I know, denizens in our midst, and yet so continued. They were all honorable men, as Brutus is an honorable man, who had done their stunt in some legal medical college, so far as the face of the returns showed, and back of these the State Board had no business or right to go. And vet every intelligent practitioner knew what the board well knew all this while, that many of these prima-facia legal medical colleges were almost criminally careless in their application of the required preliminary examinations as recommended by the American Institute of Homeopathy for its school of practice, and by other official bodies for their particular schools. We all know that many of the commercially conducted medical colleges were filling their benches then-and some are doing so still—with the "wolf" cry, "Come now, for next year, or the year after that, or the year after that, Ohio, or New York, or Minnesota, or any other old State will be closed to everyone except the truly competent! Come in now and be saved!" They collected their material from the four winds of heaven, pushed

them in at one door and out at the other, in order to avoid the Examination act of the several States. But our State Board was at work, and in due time, despite the criticism of various members of the profession, myself among the number, it elaborated a system of examinations which has at last put up the bars and tightened the barbed-wires against the incompetents, and put the medical schools in a position, as the Cleveland school has said to me, where the great responsibility of the future ability of the student is removed from them, and put upon other shoulders; thus leaving the schools free to give their best attention to his medical education.

From all which I gather that while the rigorous application of the preliminary examination will in time fill the benches with A No. 1 prime young gentlemen and gentlewomen, and none other. I very much fear that this same filling of the benches is more apt to be observed in the breach than in the observance. It requires no gift of prophecy to forecast that with the difficulties now placed in the way of the student, first for matriculation, then in the long and costly course of study, and later in another State examination, the time will come, and perhaps very soon, when the present system of restrictions by our State will make ducks and drakes of the college properties—unless some other source of revenue be devised than that supplied by the box-office. A young man who now wishes to become a Talbot, or a Helmuth, or a Biggar, or a Walton, must have been born with a silver spoon, and reared in the lap of comparative luxury. How many of us of this day could have passed through this ordeal, financial and otherwise? It means that a young man who has not taken a high-school or a college course is no longer eligible. And the young man who takes this course, or both, must have time, and opportunity, and a fair amount of money. He has never done aught to help his parents. He cannot from the nature of things be a self-made man. The door is effectually closed against the young man who, having left the farm at an early age, and acquired that form of education and wisdom so much prated about (vide millionaire Schwab) and admired in the world,—especially in America,—that young man can never apply to New York under existing conditions, and in Ohio only upon examination on subjects of which perhaps he never knew the alphabet. In short, the present stringent law concerning entrance examinations has closed the door against the poor boy,—that great American class from which our most famous men have come,—and left it wide open to the youth who has been favored by fortune and parents or guardians; and, therefore, in the end this law, continuing in all its possible rigors of election, selection, and ex-

clusion, the profession of medicine will be peopled by gentlemen-using that much hackneved word in its original English sense. This well-bred, well-fortuned young man thus apparreled in algebra and square root and things, plus the silver spoon, applying at the door of the college, finds four years of hard study and application before him. This means many dollars for tuition, board, clothes, books, instruments, and—incidentals. At the end of this time he issues a graduated physician. Still he may not practice until he is put through another sieve —the State Examination. I am making no oblique reference to the present law or to its visible representatives: I am only trying to show that this young man MUST be a child of fortune as well as of education in order to pass safely the white-hot-plowshare ordeals. And after that we may reasonably expect, if we all live so long, to see the Three-Day-Cure fellows to disappear from off the face of the earth and out of our Saturday morning's paper, not only because all aftercoming crops of physicians will be innate gentlemen of high culture and breeding, who will not descend to this dirty traffic, but also because in that day, with the modern tendency to uplift the standard in every direction, morally and physically, the peoples of this dear old earth will be so well-informed and refined that they will not longer require any Three-Day-Cure, Big G men, and their remedies. The appetite for bad things and for sinful things will have been totally uplifted and out-lifted and outthrown.

To me the law in Ohio on medical matters has been a matter of necessity. So long as there was any one State of our sovereignty which put up the bars against every other State and Territory of that sovereignty, it became necessary for every other State to do likewise. It was like the carrying of fire-arms. If one man was permitted to carry a "gun," it became necessary for every other citizen to do the same. It was in both cases a matter of self-preservation. And as such the majority of us consider these present restrictive measures. Perhaps it is right that with every act of justice some act of injustice must be interwoven. For I also recognize that while preserving the life of the individual, a very stringent construction of the law will cause the sheriff to have business with some of our medical schools, and there will obtain the old law of a survival of the fittest-unless some generous donor from among the laity, taking pride in his local school, which has been contributing to the boarding-houses of that moved-awayfrom-neighborhood, and to the other places of conveniences which were frequented by us olden time roistering blades congregated in medical classes—unless this generous donor of the

largess of his bounty gives generously in order to preserve a landmark. I question the value of an appeal of this kind to the profession itself.

From Dr. Winders' report for 1900 I learn that before the time set for closing the sluicegates upon mere registration there was a small regiment of applicants from legally constituted medical schools who came in and were registered. There were 672 of these who to-day, for aught I know, fill our eminent domain with their strap-iron shingles, their pleasant smile, brightly polished shoes, carefully brushed, old-looking, age-giving whiskers, and obtrusively large medicine case, plus a large hurry in moving from point to point. Of this acquisition Cleveland sent 122; 25 of whom were homeopaths. Cincinnati had 112; 6 of whom were homeopaths. Toledo sent 63; 12 of whom were homeopaths. And Columbus sent 52; only I of whom acknowledged allegiance to Hahnemann. Some of my audience may criticise my use of the word "were"; but I have no knowledge of the homeopathicity of these applicants, except as they themselves charged themselves therewith. From this "beggarly" array of new physicians within one calendar year, it must be apparent that the eminent domain of Ohio will not soon suffer for medical aid. So that the danger foreshadowed to our medical schools may not, if it actually occurs and ultimates in the closing of all the schools or several of them, give the dear people of this commonwealth any unnecessary concern or insomnia lest there should be no doctor at hand.

I learn further from Dr. Winders' statement to me that thus far three homeopaths have applied and taken the State examination, and all three passed successfully. From this I infer one of two things: either that the homeopaths so applying were really and truly educated, or else that the questions were east in a sensible and reasonable mold, and that no martinet-catchquestions were in evidence as has recently been charged against New York. On second thought I am disposed to give the affirmative to both postulates; for, in the light of the many advances made in our colleges, and the frequent uplifting of the standard, I see no reason why a homeopath should not be thoroughly well educated; and knowing the men constituting our State Board as well as I do, I have every reason for believing them to be sensible, practical men, not carried away by the modern scientific clatter and craze and psychological theories and techniques and beliefs. They are doubtlessly following out Walton's dictum, that examinations should be made to find out what a man knows, and not what he does not know. For some few of us happily know that what we do NOT know would fill several large books without scissors. paste-pot, or kodak assistance. So that I conclude, and with gratitude, that the homeopath need have no fear of our State Board; for as now constituted it will deal fairly and honora-

bly by him.

The matter of preliminary examination took its first practical turn last fall in our city, when the medical matriculants, or those who were wishful to be such, appeared before a highschool professor in our city (and in other cities also) and were examined. It was a novel departure, but an absolutely just one, and we trust its usefulness may not later fall into the slough of politics, or of personal magnetism, and so be rendered nugatory. Its findings in Cleveland were acclaimed as fair and honorable, though perhaps a little stiff and pedagogical, vet withal very searching and destructive of any poor material which might in the aforetime have crept in under the canvas. Counting the "conditioned" and those who were able to come in under proper credentials, the new material for all our Ohio medical schools for that season was 272! And some of the schools in Chicago and in the East have several hundred in each annual

In traversing the possible duties of this committee, I have not thought it necessary to examine the curricula of each medical school to determine the value of its mode of teaching and books employed. I have examined the annual announcements, and find each school recommending the most modern of text-books and the most approved of modern means for securing the medical training. That all these books are employed, or that the measures recommended are all faithfully carried out and honestly taught. is not for me to say, nor do I so say. I am content to leave that for the examination before the State Board at the conclusion of the graduation. This later examination will affix the proper hall-mark value to the teachers and teachings of any medical school appearing before it in the person of its students. It is a reversion to that old-fashioned test of the pudding, the eating of it.

In conclusion of this harmless report of a harmless committee, which I have cast in the first person because I alone am responsible for its contents, let me emphasize what I have several times led up to, that I am a firm believer in the present preliminary medical examination test as required under the enactments of our State and as devised in its detail and carried out under the direction of the excellent gentlemen who constitute our State Board of Registration and Examination. It may work temporary hardship with some of our schools of the State; but I have faith in their personnel, and believe they will strengthen their

faculties with better men and better methods, and so attract students even in face of our rigorous laws. If they do this, it means that the output of Ohio colleges will in a few years form a banner guild of medical men and women, an honor to our State and profession, and second to none in the world. It means that so long as Baxter and Beebe continue in charge of our homeopathic interests in that board, and the other gentlemen of the other schools continue honorable and upright in their several specialities when dealing with homeopaths, there need be no fear of unnecessary rigor, or needless pressure, or the turning down of a really good man, who may, in the many years of his practical practice have forgotten the rules of grammar and the least common multiple, but in licu thereof presents the credentials of an upright, honorable, tax-paying, and successful physician. For, after all, when the problem is reduced to its lowest factors, it becomes largely a question, not of scientific technique and a fleeting, text-book knowledge of the various alleged discoveries Made in Germany, patented and owned by monopoly pharmaceutical companies in our land, but of curing the sick, and collecting our bills. And at times I am not sure whither of these latter twain is the greater.

So I conclude that Medical Education as it refers to the examination of possible medical matriculants, their studies and graduation, and later requirements before being admitted to practice, is well taken care of in Ohio; that the enactments of the law having charge of these examinations are commendable, and should receive the support of every member of this society.

# ANOTHER " REGULAR" DISCOVERY(?)\*

W. S. GIBSON, M. D., Sespe, Cal.

In the December number of the Pediatrics, published in New York City, is an article prefaced by the following: "The Abortive Treatment of Pneumonia, Catarrhal and Croupal, in Infants and Children, by H. Illoway, M. D., formerly Professor of Diseases of Children, Cincinnati College of Medicine and Surgery; formerly Visiting Physician Jewish Hospital, Cincinnati; Fellow Academy of Medicine," etc.

The article might be taken for a joke were it not that it was apparently written in good faith. That any dector of medicine should go, or could go, through life in an active practice and not stumble upon the fact that he (poor man!) thinks

he has just made this discovery, at this late day, is enough to call forth from their long homes the shades of the venerable Scudder. King, Howe, and many other exponents of liberal medicine.

After a lengthy dissertation and the citation of various authorities on the treatment of broncho-pneumonia, he says: "The prevailing opinion is that the disease cannot be cut short; that the chief aim should be to nourish the child and look out for emergencies." He then goes on to say that in his opinion it can be cut short, and he has made the wonderful discovery that aconite and veratrum in small and frequently repeated doses can do the work. "Various cases are reported," he says, "in which quinine, etc., absolutely failed, or really made the little patient worse." Despairing of his little patient's life, he worried his brain as to what he should try next. Happening to think that someone (I wonder who it was?) had recommended aconite and veratrum, he was at last able to find a little of each, administered them, and—the child got well! And, more surprising still, he was astonished to find that it stayed well. "The temperature was reduced permanently," he says.

He goes on to say that in the various treatises the chapter on treatment mentions aconite as a remedy prescribed by a few, but all warn against its use as dangerons, and that he had the same fears at first, and was fearful that something un-

toward might happen.

Now I should like to refer this explorer of the twentieth century back to the year 1854, in the "American Dispensatory," by John King, M. D. King has long been gathered to his fathers, but he knew how to use aconite and veratrum. Also let him look up J. M. Scudder's "Practice of Medicine," of about the same date; and if he wishes to be a little more up-to-date, let him borrow a copy of "Specific Medication and Diagnosis," which will give some information regarding aconite and veratrum to our modern Paracelsus. Let him go back to a still earlier date, and read what Dr. Norwood says about veratrum.

Many of these old remedies have been so thoroughly investigated and proven that their action in almost any condition where they are indicated is absolutely known to the youngest ap-

prentice in Specific Medication.

If a physician wishes to treat acute lung diseases in children in the most satisfactory manner, he should fill up his vials with aconite, ipecac, rhus, bryonia, and comp. powd. lobelia. Don't forget veratrum. Next learn how to use them according to Specific Medication; and then, with the bath and larded cloth, he will be ready for business, and his business will be successful, spelled with a capital S.—California Med. Jour.

<sup>\*</sup> This little paper makes such good reading that we republished it in full,—Editor Am. Hom.

# THE MEDICAL CIBRARY.

La Vie de Pasteur.

This book is by M. René Vallery-Radot, the son-in-law of the subject of the biography. The charm of this book lies in the brief and touching sketches it contains of the domestic life of Pasteur and of his most intimate personal friends. Here and there glimpses are given of that happy and united family life which is probably not uncommon among French people, but the details of which are so carefully guarded that they are rarely seen by foreigners. The associations of family ran like a golden thread all through the life of Pasteur. One other thing also greatly affected him-the great national catastrophe of 1870. The pitiable condition of France under the foreign invader made the iron to enter into his soul. He became for a time unable to continue his scientific researches, and cast about for a solution to the problem as to why France had not found in her hour of need men fit to cope with her difficulties. In the pamphlet which he wrote on this question he ascribed the lack of really great men to the neglect that the country had shown to those who devoted themselves to scientific work. At the end of the eighteenth century, he argued, the country in her time of stress had been saved by her men of science. They had taught how the saltpeter necessary for the manufacture of gunpowder could be obtained by methods hitherto unknown, and by what new processes cannon could be quickly manufactured, and how offensive arms could be rapidly provided. Napoleon himself felt the power and the use of applied science, and after the battle of Waterloo proposed to go to America to devote himself to such work. Napoleon III., on the contrary, had neglected science, and on one occasion Pasteur wrote with extreme warmth on the action of the Government in this respect.

The strong impression produced on Pasteur by the disaster of 1870 was shown by the way in which he returned to the University of Bonn a degree which had been conferred on him. It was shown by the fact that toward the end of his life he declined to entertain the idea of receiving a German Order. It was shown by the depth of his gratitude and the greatness of his surprise at the reception which he met with in England as the foremost representative of France at the International Medical Congress of 1881, when at the opening meeting held in St. James' Hall he was greeted with the warmest

enthusiasm. On his visit he met the German Crown Prince, and he appreciated the graceful tact of Sir James Paget in not asking him to be presented to the prince, and also the way in which that noble-minded gentleman introduced himself to Pasteur, and addressed to him the few words of friendliness and peace which he recorded in a home letter written at the time.

Patriotism and family affection were among the strongest characteristics of Pasteur, and these qualities may possibly be ascribed in part to heredity. Jean-Joseph Pasteur, the father of the subject of this biography, was a man of strong character. Born in 1792, he became a conscript in 1811, and fought in Spain during the two following years; he returned to France in 1814, and in that year the regiment in which he served distinguished itself at Bar-sur-Aube, and Pasteur became a sergeant-major and received the Cross of the Legion of Honor. After the abdication of the Emperor in 1814 he obtained his discharge from the service and returned to Salines, where the Royalist mayor ordered the "Brigands of the Loire"—as he called the soldiers of the Empire-to give up their swords. Pasteur obeyed, but when he found his sword in the possession of a policeman he wrested it from him. Some trouble followed, but the commander of the Austrian forces, which still held the town, sympathized with Pasteur, who was not afterward interfered with. An "old soldier," although but twenty-five years of age, he settled down to the business of a tanner. and across the stream—miscalled la Furieuse he soon found his fate in the form of a young gardener who worked there from early dawn. It was Jeanne Etienne Roqui. These young people were married in 1815, and in 1822 a son, Louis Pasteur, was born. He received the early part of his education at Arbois. The Pasteur family had among their acquaintances several men of some culture who took an interest in the young student. Among these was Dumont, a retired army surgeon, on whose advice young Pasteur was sent to Paris to continue his studies. He was then only sixteen years of age, and the great city terrified him. He became so homesick that his father brought him back for a time; he afterwards went to Besançon, where he took the degree of bachelier ès lettres in the year 1840. At the examination he did not greatly distinguish himself; he pleased the examiners in Latin, in Greek, and in rhetoric, but did only moderately well in history and geography. After leaving Besançon he went to Dijon, and in the

examinations in sciences and mathematics he came out fourteenth in the list of twenty-two candidates. He was "weak" in chemistry. In 1842 Pasteur returned to Paris, where he attended lectures at the Lycée Saint-Louis and those of Dumas, the chemist, at the Sorbonne. He worked very hard, suffered from headache, and lived with great frugality. His father gave him some very good advice, counseling him to dine well at least twice a week with his great friend Chappuis, and adding that he had bottled some 1834 wine which should be kept for their return. There was, he said, more spirit in that wine than in all the books of philosophy which had ever been written, but he cautiously added that it would not help to solve mathematical formulæ.

The companionship of Chappuis was a great help to Pasteur. Left to himself he devoted all his time to study, and was constantly in the library. With his friend he discussed during their walks those problems which interested him, and his ideas became clear when he examined them from different points of view. The first great problem which he wished to solve had reference to a mystery about tartaric acid and its conduct with polarized light, and from this inquiry he hoped to be enabled to get a general insight into the relation between crystalline form and the polarization of light. It was a great work, and the results which he obtained startled Biot, the great chemist, who immediately saw the possibilities of scientific advance which Pasteur's discovery had made possible. For thirty years Biot had worked at the subject, and now at the age of seventy-four he found that this student of twenty-five had made a discovery which would revolutionize chemistry. Biot repeated Pasteur's experiments, proved their results, and recognized their importance. He welcomed the discovery with a large-hearted sympathy, and ever after he was Pasteur's most devoted friend.

In 1849 the professorship of chemistry at Strasburg was offered to Pasteur. He accepted the appointment, but felt lonely. He immediately fell in love with a daughter of M. Laurent, the principal of the university, and proposed for her hand a fortnight after he first saw her. They were soon married. Fortunately his wife was willing that his work should continue to occupy most of his time and energy.

The family party at Strasburg was, unluckily, soon broken up. In the year 1850 the clerical party became for a time dominant in France, and Romieu was appointed to visit the universities. M. Laurent fell under his displeasure and was removed. Pasteur remained. In 1825 he undertook quite a romantic quest in search of crude specimens of tartaric acid. Never, as a contemporary writer said, was treasure, never

was beauty, more ardently sought. The conditions under which racemic acid had been produced were not understood, and Pasteur journeyed to Leipsic, Freiburg, Vienna, and Prague to procure specimens which had been obtained under different conditions. His letters to his wife contained accounts of his journey, and ultimately he was able to send a telegram to Biot to say that he had converted tartaric acid into racemic acid. So at length Pasteur established the existence of the four tartaric acids: (1) which turned the plane of polarized light to the right; (2) which turned the plane of polarized light to the left; (3) the combination of the two (or racemic acid); and (4) which was inactive to light. This was a great discovery, and one not obtained by accident, but as the result of carefully devised experiment.

In the autumn of 1857 he was made professor of the newly established Faculty of Sciences at Lille. This appointment marked a distinct epoch in the scientific life of Pasteur. Until then all his researches had been suggested by his own brain, the problems were those set to him by himself. From this time the problems were

thrust upon him.

The great town of Lille was a manufacturing center, and the production of alcohol from the fermentation of beet root was an important industry of the place. Some of the manufacturers had been much troubled with a difficulty in the process of their operations, and they were quite unable to account for it. One of them sought the advice of Pasteur, and thus he began the study of fermentation. The savants had hitherto considered fermentation to be a strange and obscure process. The theories of Berzelius and of Liebig were generally accepted. But they explained nothing. Fermentation was supposed by one of these philosophers to be due to the action of contact, "catalytic influence"; according to the other it was due to the presence of a "ferment," a readily decomposable organic substance. So the theories may be briefly put. Pasteur showed that the formation of alcohol from sugar was due to the vital action of living organisms, that the changes were produced by organized cells.

From 1800 to 1864 Pasteur was engaged chiefly in investigating the question of spontaneous generation, but he spent some time also in studying the diseases of wines. Biot and Dumas both thought that the inquiry as to the possibility of spontaneous generation was a barren subject—an insoluble problem, and therefore not one on which time should be spent. But the question was one which it was impossible for Pasteur to neglect. The problem, he thought, must be settled. It stayed the progress of science. The savants were lost in a valley. Biot

said there was no way out. Pasteur found it necessary to try to find one. And Pouchet of Rouen had claimed that he had proved the occurrence of spontaneous generation. This was too much for Pasteur. He began a new study—that of the microscopic organisms of the air. The results are known.

In 1864 the Mayor of Arbois asked Pasteur to investigate the cause of the trouble which the vine growers had experienced in keeping their wines. Facilities for the investigation were offered, but Pasteur declined to accept the generosity of the town, and made his own arrangements for the research. The trouble was a very real one, and had far-reaching results, for the English market was becoming closed to wines which were liable to ready decomposition. Pasteur came to the conclusion that the wines were spoiled by a secondary fermentation, and that this source of danger could be eliminated by raising the wine for a short time to a suitable

temperature.

The next great undertaking of Pasteur was an investigation of the disease of silkworms, which threatened entirely to ruin the silk industry, and had already caused a loss of something like twenty million dollars. Pasteur felt great diffidence in undertaking the task which was assigned to him. He had never touched a silkworm, and knew nothing about their culture. The literature of the subject he found of little use to him, and on going to Alais to study the disease on the spot he found, as might be expected, that it was difficult to find any definite fact in the deluge of words which were poured into his ears. But all sorts of remedies were recommended, and the word "miasm" much to the fore. Pasteur studied the silkworms microscopically, and obtained some healthy eggs from Japan that he might compare healthy worms with those which suffered from the disease. His work for a time was interrupted by the death of his father, but he soon returned to continue his investigation; and he was able to show that the disease was the result of a microscopic organism, and also that eggs derived from a healthy source produced worms free from the disease.

Pasteur's next work was literary. He edited Lavoisier's works at the urgent request of Dumas. Soon after this Pasteur spent a few days at Compiègne at the command of Napoleon III., whose guest he became. This visit must have been one of great interest both to the host and to Pasteur. To Pasteur the sight of an Imperial hunt must have been quite a new sensation. But he was not satisfied to do without work. The Imperial cellar contained a few—very few—bottles of wine which had "gone wrong," and he was pleased at the opportunity afforded him of

finding out how this had come about. The Empress was also greatly interested in the objects seen under the microscope, and a drawing-room lecture was given at her five o'clock tea. It was a matter of wonder both to Napoleon and to the Empress that Pasteur had made no attempt to obtain a "legitimate profit" from the commercial application of his labors, but he told them that in France the savants did not think it seemly to act in such a way. But the researches of Pasteur in regard to the disease of silkworms is said to have been the means of saving to France an amount of money equal to that which was paid to Germany as part of the price of peace.

Pasteur was a man possessing the strongest human sympathy and the greatest kindness of heart. A remarkable instance of the display of these qualities was shown by the action he took when he heard that his old friend Claude Bernard had retired into the country overwhelmed with dyspepsia and suffering from great mental depression. Pasteur, hoping to be able to raise his spirits, devoted himself to a renewed study of his works, and wrote an article for the Moniteur Universelle, which had the happiest effect, Bernard's condition immediately improved; he was filled with gratitude, and was soon well enough to return to his work,

At the Great Exhibition at Paris in 1867 the grand prix was awarded to Pasteur and to sixty-two others; the prize-giving ceremony was one of the most imposing scenes among those of the Second Empire. Gérôme, Meissonier, and Ferdinand de Lesseps were present and received due honor. Art and industrial progress received greater acclamation than that accorded to science. At this period the laboratories were ill-placed and unsuitable for their purpose. Situated in cellars, they were not unfitly described as the "tombs of the savants."

Pasteur, moved by these facts, addressed a note to the Emperor, pointing out the industrial value of the investigations which he himself had carried out, and showing what a vast and fertile field for further research had been discovered by his researches. A full investigation of the phenomena of putrefaction and for the study of infectious diseases necessitated spacious and isolated laboratories. The pathology of gangrene and experiments in inoculation could only be studied in specially constructed places. The transport of butcher's meat had a distinctly commercial aspect. In Europe it was sold at an exorbitant price, in Buenos Avres it was only too plentiful. It was a point worthy of experiment to see whether it was possible to invent some method for its transport.

Pasteur was led to hope that laboratories would be built by the Government, but he was

disappointed. Whereupon he wrote a very strong article. The article was naturally refused by the official Moniteur, but it appeared first in the Revue des Cours Scientifiques, and afterward in the form of a pamphlet. It had an immediate effect, and the Emperor took up the question

warmly.

The following year Pasteur had a severe illness, which was diagnosed as cerebral hemorrhage. He was then only forty-six years of age, but for a time it appeared as if his work were over, and he grieved that there was so much left for him to do. The general impression evidently was that the new laboratory, which was then in the course of construction, would not be wanted, and Pasteur, on asking his wife how the building was getting on, was grieved to hear that the work had been suspended. When the Emperor was told of this he ordered that the work should be continued at once. Later, when Pasteur was recovering from his illness, Napoleon III. placed at his disposal the Villa Vicentina, a house near Trieste which had once belonged to Elisa, sister of Napoleon 1., by whom it had been left to her daughter, Princess Baccischi, from whom the Prince Imperial inherited it. At the Villa Vicentina Pasteur superintended the culture of silkworms, which had failed miserably before his advent.

Of the effect of the war on Pasteur mention has already been made. The unnecessary injury done by the Germans to the Sèvres porcelain factory and the destruction of the manuscripts there among other things violently affected him.

The fact that Pasteur, after his attack of cerebral hemorrhage, was able to do excellent work is very remarkable. Much of the work of his later years was that which attracted most the attention of foreigners. Physicians and surgeons alike had learned much from his researches. Lister founded on them a new system of dressing wounds which in a few years revolutionized surgery, was the means of saving thousands of lives, and for the first time made it reasonable to undertake operations which had previously been carried out only by the most "enterprising " surgeons to the great risks of the lives of their patients. Both Lister and Tyndall gladly acclaimed the greatness of the results of the teaching of Pasteur. Some of the French physicians, it is true, rather disliked Pasteur's intrusion into their domain, but his teaching has survived any prejudice which it may have excited.

In the year 1800 Pasteur began a series of experiments in regard to chicken cholera and to the attenuation of its virus, and at a later date he undertook those investigations concerning hydrophobia, which perhaps of all his work caused the greatest immediate popular sensation.

Pastenr continued to work till November,

1804, when the symptoms of his mortal illness manifested themselves; but he lived until the following September.

# Globules.

—A western medical man is wanted as canvasser for a well-selling book. Address XX., care Chatterton, New York.

—Dr. Charles G. Jenkins has opened an office at 224 Washington Avenue, Lansing, Mich., with practice limited to diseases of eye, ear, nose, and throat.

—A reprint from the N. Y. Med. Record and N. Y. Med. Times brings a Report of the Surgical Department of the City Hospital of Springfield, Ohio, under service of Dr. H. T. Miller. It reports from July, 1898, to July 10, 1901, 150 cases operated upon: 125 cured; 9 improved; 3 unimproved: and 13 dead; making a percentage of 83.33 cured.

—The American Association of Orificial Surgeons will hold its next annual meeting in Chicago, September 18 and 19, and in the same week with the Pratt Clinic. Lectures and papers have been promised by some of the most eminent medical men of the country. The discussions will be lively and interesting, and one's knowledge of the work will be brightened and widened. Our two special friends, Dr. W. E. Bloyer of the Medical Gleaner, and Dr. H. L. Aldrich of the Minneapolis Homeopathic Magazine, are respectively the president and secretary. This association is always honored with good attendance, and its papers are valuable to all shades of therapeutical doxy.

—There is a Philadelphia physician who is so fond of the music of Richard Wagner that whenever a child is born in a family of his patients he will suggest a name for it, invariably a name from one of the Wagner music dramas. lets, three little girls, were born the other day that will be named, thanks to the doctor's suggestion, Elsa, Elisabeth, and Brünnhilde. There is a little colored girl who goes through life well pleased with her cognomen of Isolde Liebestod Jackson, and there is a colored boy whom the doctor named, to his mother's great delight, Lohengrin Teiramund Tillinghast. "I was glad to have the opportunity to name those little girls," the doctor said vesterday, "for triplets are born rarely. Only one birth in eighty-five hundred, in fact, is of triplets. In the course of my practice I have caused thirty-seven children to be named after the heroes and heroines of Wagner.

# The American Bomeopathist.

SEPTEMBER 1, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

#### WANTED: SOME ANSWERS.

D.R. J. GUYON, from one of our near-by Ohio cities, a subscriber and a payer of his subscription, in a letter to us recently, asks a number of pertinent questions, which we have briefed thus:

First. Why should not the American Institute of Homeopathy meet in Cleveland next year?

Second. How can a non-member become a

member?

Third. Why should such non-member join, if said Institute is to be divided up into separate

and independent departments?

Fourth. Where does the Institute, under the proposed Runnels Renaissance Resolutions, differ from the old school, except in the one section on Materia Medica? Why not join the American Medical Association?

Fifth. Why not change the name to "The American Institute of Homeopathic Materia

Medica and Therapeutics "?

Sixth. Does the President receive an annual salary?

After the recent meeting at Richfield Springs, and in the face of all that preceded it, even as far back as the nomination of place at Washington, it is not to be wondered that some confusion exists in the minds of those who were not at the most recent meeting, and did not take part in the proceedings. But here are the answers, as well as we can furnish them:

First. The Institute should not meet in Cleveland next year, primarily, because the Institute at Richfield Springs distinctly declared that it did not want to go to a city, but the rather to another springs or watering place. That ought to be pretty nearly sufficient. Sir? But, again, it should not come to Cleveland because of the abundant lack of harmony existing at that point between the profession most interested. Don't believe it? Well, call for some of the Cleveland daily papers published immediately following the adjournment of the Richfield Springs meeting, and note what beautiful harmony is there ex-

pressed. There is a set of alleged homeopaths in Cleveland and adnexa, who thrive, and wax great and unctuous, on the little gratis advertisement they extort from the daily press by crowding their private grievances into the public ear. It is the proper thing, and to be expected annually, about the dog days, to find a few of these newspaper-doctors interviewed in a column article on two or three mornings, wherein they vigorously and valorously defend what no one had thought of attacking. This same cabal fight every attempt at reconciliation. They neither forget nor forgive. They need the present disunion to pose as martyrs. If you took from them the blessed certainties of Original Sin and Infant Damnation, you would deprive them of all the consolations of religion. This doesn't mean the whole Cleveland homeopathic profession, nor even the best men on the opposition benches; but it does mean that there are certain professional people who want no peace, and who drag the better element into the mire with them, just as an unsavory scandal, or murder, or lynching disgraces the whole of an otherwise sane and reputable community. And so Cleveland, once the foremost homeopathic city of the world, is misrepresented in the Institute, and to the Cleveland public, by what a few malcontents and non-advertising newspaper-interview-writers are annually putting forth. There is enough of this element at Cleveland and near by to destroy the harmony which a meeting of the Institute desires and deserves, and should hereafter have.

Second. This is very simple. Secure an application blank from the nearest-to-you member of the Institute, fill out its waste and open places, and send it, with seven dollars, to Dr. E. H. Porter, General Secretary, New York. But wait a moment! In view of the fact, so strenuously sought to be made patent at Richfield Springs, that Norton, the President, and Porter, the General Secretary, had villainously and maliciously, if not criminally, perverted the best interests of the Institute by taking it from bear-garden and beer-garden surroundings and placing it where it proved a most marvelous bit of success—at

Richfield Springs—it would be as well, perhaps, not to send your money to Norton or Porter. There is no telling what might become of it in the shuffle. Seven dollars is seven dollars. Human nature is human nature. No, on second thought, pigeon-hole your application and the seven dollars until January 1; then send it to the Incoming Executive Committee. They are altogether lovely and absolutely without guile. They will do the proper thing by you and all others coming in after that day. (This is a bit of personal advice which we do not wish generally published, for we had a good deal of friendship once upon a time for Norton and

Porter, and we do not care to bear down too

hard on them in their downfall!) Third. You forget, my dear applicant, that these proposed independent departments will all belong to the Institute—that is, they must come through that gate, and will come under the reduced railway and hotel rates arranged by possibly corrupt Executive Committees; they will acknowledge their fealty and loyalty to the principles of Hahnemann—if it be but spelled curentur; besides they will now need to pay but one obolus for their separate-tent act, where, last year, they had to pay the Institute five dollars for a nominal membership, and from five to ten dollars more to the special department with which they desired to train. By making these former-independent-departments a part of the Institute, you see that from five to ten dollars is knocked off the individual expense account, —an amount not to be sneezed at, even by specialists,—and still the same freedom and rights obtain as formerly,—more, in fact, since, in the recent aforetime, these independent departments did not try to run the Institute; they were content to be a gently undulating tail; now they propose to be the whole dog. Perhaps this isn't just exactly the answer that our correspondent is aching to hear and see, nor couched in that Addison English which we so much affect; but the other one has been mislaid. The other section of the answer is that, in the American Institute, if he joins, he can then travel three or four hundred miles in non-vacation time, lose two weeks of practice, and spend from forty to fifty dollars in order to attend and join a procession of idolatrous worshipers on the Appian Way, waiting to intercept and beseech somebody's favorite son, and offer him the Presidential crown; but if he be not present in actual body he has no rights, except to send on his seven dollars if he be a new applicant, or five dollars if already on the tax-duplicate and duly admitted to the rights and privileges of the order. Postal cards are peremptorily and absolutely barred! The handful of non-politicians who attend from year to year, and plan and

scheme how to get certain others of their near friends into office, have all the rights and provisions—especially the provisions.

Fourth. In what we have said before we have perhaps covered this question. There is possibly another answer in saying that, if he joined the American Medical Association, which is neither so old nor so honorable as the American Institute of Homeopathy, he wouldn't be given the same free hand to blackguard and blackmail the highest officers in that organization. He might also find that men in that organization we are still talking of the allopathic American Medical Association—do not usually go out into the country with grind-organ, gasoline torch, and transparencies, soliciting office. In that old and effete, and decrepit, and rapidly disintegrating Medical Association they still believe that the offices are places of *honor* and should seek the men; and that any set of men who neglect their practice in the daytime and lay awake o' nights, pulling wires and papering the country for a year beforehand, are not just exactly the people who should be put into such offices. Further, there are some few people in Institute membership who believe that the Section in Materia Medica of the American Institute of Homeopathy is kept in being simply as a sweet and lullful memory, perpetuated in the programme to lend color and body to the remnant title still carried as by first intention in the letter-heads and printed matter of the organization. But, of course, this aint so.

Fifth. Well, this might be a good suggestion if we carry on the Institute as now proposed under the Runnels Renaissance Resolution, and as it is likely to be carried on by the Incoming Executive Committee. But, if we did so change the name, it is possible these various independent organizations would desert the tail and be the whole business themselves; going elsewhere and calling themselves-let us see, what might it be in justice and truth?—why, thus: "The American Confederation of Medical Specialists (née Homeopathic, Ltd.)." This would make a nice flowing line on the letter-heads and diplomas, and would fill the trump of fame with a resonant and soulful blare. It will not do, Bro. Guyon, to rub in the materia-medicaand-therapeutic part too heavily and rawly upon the successful faction in the last non-political battle. The friction might cause fire. They were ripe for almost everything at Richfield. They were so wrought up, as it was, that if a motion had been made by a member of the overthrown party to sell genuine gold dollars for eighty-five cents each, it would have been voted down with a sudden, harsh, and dull thud. It was the Incoming Executive Committee, and only the Incoming Executive Committee, that needed consideration. The existing Executive Committee is all wrong; and it wasn't ungenerous or ungentlemanly to kick them upon every conceivable occasion. Yet even pugilists shake hands when they have been right royally thrashed by their opponents. Cervera was treated like a gentleman by his captors. Grant had none but the highest of regard for Lee. But the party of the Incoming Executive Committee had no generosity for the Existing Executive Committee.

Sixth. This is very easily answered. The President receives no salary—from the Institute. The office has always been considered one of great honor, and every incumbent has, thus far, considered the honor of the place of sufficient worth to incite him to fill his incumbency with the best there is in him. Singular how you should have gone astray on this question. What could there have been in any recent Presidential campaign or its conduct to give rise to the belief that a sordid emolument was the supreme reward? We know of no medical organization which pays a salary to its Chief Executive. You have probably misread what was contained in a recent editorial in these pages. We there had reference to the office of the Recording Secretary, and not to the ever high and always honorable office of President. The President feels safe in the respect and affection of the membership; in that they sought him out of his agrarian retirement, like Cincinnatus, and thrust upon him this uncoveted honor—really the highest attainable for any member of the homeopathic guild. A long line of precedent presidents has retired from the office at the close of their period of dominancy, with the proud consciousness and serene satisfaction of having been selected because of some specially lovable attribute and because of their known sterling virtues in the good cause—the fight for the Homeopathy of Hahnemann! It is indeed pleasant to feel that you have been sought for, and impleaded with, and sat up with—not wholly in caucus meetings—and at last peacefully and triumphantly inducted into this high office, with the best wishes and love of even your former opponents. No, the salary question came up in reference to the Recording Secretary, who feels now, since the Incoming Executive Committee will soon come in, that his services have suddenly assumed an importance out of all proportion with the slender pittance of two hundred dollars and expenses of attending the conventions. In this, his belief, unhappily, we are at variance with the present talented occupant of the office, and, perhaps, we are not alone in this variant. If Dr. Gatchell, the incoming General Secretary, does not cruelly disappoint his many admirers in the precision and thoroughness with which he will discharge

the duties of the General Secretary, there will be scant need for a Recording Secretary at any price. In our zeal for the best service, and most economical to the Institute, we might suggest that the office of Recording Secretary be abolished and the two hundred dollars added to the General Secretary's salary; and even thus save the Institute annually a satisfactory number of dollars. However, this is madness. The Incoming Executive Committee, of which the Recording Secretary is "whom," will never consent to dismantle an office and dethrone an official who worked so faithfully and voted so genuinely and honestly for its whole ticket. But, we repeat, the President receives no salary. Formerly he had large influence and much power in the matter of appointments, and the like. Now, under the Runnels Renaissance Resolution, he, the President, will be a mere figurehead—like that on the bow of the ship, to lend of his beauty and symmetry to its stately lines, but of no earthly or "sea"-ly use in the navigation of the ship. Now he will be content to wear the laurel wreath for a twelvemonth, and then court immortality by having his half-tone portrait made a frontispiece in the next ensuing Transactions.

If these answers do not wholly suffice, kindly write again, upon one side of the sheet only; inclosing a two-cent stamp for early reply. We are still in the throes of our lamentable experience at Richfield Springs, and perhaps this, together with the exceeding hotness of the prevailing heat, has caused us to "see things."

# NO DEARTH OF CHEAP DOCTORS.

There may have been dearth of woman's tears upon a certain historic Fifth-Reader occasion, but, notwithstanding the constantly growing diminution of new doctors with each Ides of April or thereabouts, and the closing up tighter and tighter of the breaches in the State fences, to keep the doctors of other States out of our sacred American preserves, there seems to be no dearth of that class of the fraternity who are for sale at a very cheap figure.

We notice, in the frequent advertising literature of chemical and pharmaceutical firms, the appending of lists of doctors who have used the article exploited and find it satisfactory in every regard, from cramps of life to varicose veins of the thoracic duct. There are among this army of non-advertising doctors many who seem entitled to the A. M. degree; and yet a reading up of their standing in the medical directories at our command fails utterly to find them of any practice, or even notoriety, in the immediate vicinity in which they presumably swing their signs. In

Cleveland we found given the names of ten doctors as recommenders of a certain chemical preparation, neither of which ten had enough practice to keep his wife from taking boarders or justify the taking down of the "Furnished Room" card out of the front window. There seems to be no difficulty in finding these alleged medical men, who will sell themselves most cheaply to a monopoly concern.

Latterly we were most grievously pained at the solar-walk and self-complacent testimonial given a certain chemical company, touching the excellences of its products, by a professional gentleman whom the latter, we had always believed to be above so belittling a form of notoriety. And we have been moved to wonder whether or not he holds several blocks of betterthan-Government-bonds stock in the concern; or whether it was an out-and-out sale of his name and recommendation of the truck and things recommended. The speaking well in medical journals, or elsewhere, of an article which has served us well in professional purposes, in order that our brother-in-trouble, seeing our good works, may do likewise, is not unethical; but to go out of one's way to bolster up a chemical firm with an inlay-indorsement with all our titles, city and State, college and otherwise, duly appended is-well-rubbing it in. Someone in his college ought to labor with this doctor and show him the doubtful value of his labors.

In a far Northwestern city we find given the name of an American Institute member published in the daily, and other, press with a No-Pay-No-Cure advertisement. Once upon a time this ancient mariner stood high in the estimate of his fellow-members, but he fell, fell to—the level of a newspaper advertiser—and perhaps has not even yet earned enough to add socks to his other apparel.

Where will we hear of the next doctor who formerly traveled with the gentlemen of the profession prostituting his learning and reputation to the God-given purification, betterment, and uplifting of the standard of some cheap, good-Lord-good-Devil pharmacy at so much per?

—There are good and sufficient reasons for adding a permanent salary to the office of Treasurer of the American Institute. Thus far it has been, in the main, a duty based upon love for the Institute, with a payment of actual expenses. If ever a man earned a good salary it is this faithful officer. Separate the two offices sought to be increased in money-value, and let the Treasurer part live. The other part, the increasing of the Recording Secretary's salary, may well be carefully considered and—tabled!

# Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. (See issues of January 1st or December 15th each year.)

#### Castanea Vesca in Pertussis.

Dr. J. K. Eberle of Pana <sup>17</sup> makes some remarkable statements regarding the efficacy of castanea vesca in that troublesome affection. This remedy is a tincture made from the leaves of the common chestnut, gathered during the summer, and Dr. Eberle prefers to give it in the 3x dilution upon No. 30 pellets. He has used the remedy "with great success" for the past eighteen years, and says that it loosens the cough and shortens the paroysms until, by the tenth day, "you would not know that the child ever had an attack of whooping cough," unless, of course, there are complications.

["Allen's Handbook" has no symptoms relating to the respiratory tract. Ellinwood says that while this drug is lauded as a specific for whooping cough, certain conditions, not yet determined, must be present if the agent exercises curative powers. In certain experiments it has apparently ameliorated the symptoms promptly and most satisfactorily. In some cases there was a prompt arrest of the disease. In other cases no results have been apparent. The preponderance of evidence is in favor of the agent in this disease. It should receive thorough investigation to determine the specific conditions in which it will exercise a curative influence.]

### Belladonna-poisoning.

Morphia used as an antidote is reported <sup>38</sup> by Dr. P. D. Strachan.

The patient was a boy of five, to whom glycerin of belladonna was administered in mistake for syrup of senna. A large tablespoonful was given, equivalent to 2 drams of the extract of belladonna, or about 1 grain of the alkaloid, atropine.

No symptoms appear to have been observed until about five hours after the drug had been taken. Then it was noticed that the child was breathing rapidly, and that he could not stand. He was very delirious, striking out with his fists, kicking, and biting. The pupils were widely dilated and did not contract to light.

The stomach was washed out, and 1-4 grain of morphia given hypodermically. Shortly afterward the patient became quiet. He slept for several hours, and on waking was still delirious, the delirium being of the hilarious type. Another

1-4 grain of morphia was given hypodermically, but he did not sleep for many hours. Next day he had recovered completely. There was no rash at any period, and no desquamation followed.

The author remarks that this case illustrates two important points: the tolerance at this age for belladonna, and the good effect of morphia

in belladonna-poisoning.

The dose was very large, and the time that had elapsed (five hours) before symptoms ensued must have rendered absorption inevitable.

The dose of morphia given was large, and yet very little effect was produced; this appears to show that the antagonizing influence of the morphia on atropine is powerful, and for this reason the normal intolerance for morphia in childhood is in abeyance.

## Salicylate Delirium.

Dr. R. Bernard: 38 The history is recorded of a patient, suffering from acute rheumatism, who by mistake took as one dose 10 grams (150 grains) of salicylate of soda. The drug was taken at five o'clock in the evening, and the next day the patient was so deaf that he could only be made to hear with the greatest difficulty. He stated that the pain in the joints had disappeared, and that he had sweated profusely during the night. The quantity of urine was greatly increased, and it contained a trace of albumin.

He soon began to suffer from hallucinations of sight, seeing men in armor and dragons. This condition continued, but his general state became serious; the pulse almost imperceptible, and the extremities cold and blue. With the employment of injections of serum he rallied somewhat, but became extremely delirious, shouting and struggling. He later became comatose. He again had injections of serum together with oxygen inhalations, and he once more rallied. He gradually improved, but was still confused mentally.

Thus, a day or two later, his father came to see him, and talked with him; but at the same time he denied that his father had come to him

at all.

He was, as it were, hypnotized; answering when addressed, but otherwise indifferent. A very marked salicylate reaction was obtained with the urine. A few days later the patient recovered completely, but he had no recollection of what had passed during his illness.

The author points out that the drug caused cessation of joint pain as well as deafness, visual hallucinations, dyspnæa, collapse, and incontinence of urine. The latter symptoms dependentirely upon the quantity of the drug taken being sufficiently large to develop them,

It is noticeable that a decided fall of temperature followed the swallowing of the salicylate of soda, yet no permanent reduction of the pyrexia was induced, for after some hours the curve again rose. This is a rule to which there appears to be no exception, and it may be said that no drug will cause a permanent lowering of the body heat.

# THE SUPPRESSION OF OUTWARD-APPEARING DISEASE.

By W. R. BENTLEY, M. D., Morristown, Ind.

From remotest history of man he has been afflicted with conditions denominated diseases. Relief, either in the form of cure or palliation, has been sought in various measures and introduction into the system of numerous substances, until, at present time, they are numbered by

egions.

Vegetable, mineral, and animal kingdoms have been entered; each furnishing their quota of remedies; some administered on one supposed idea; others, from some reputed virtue; so that chaos ruled supreme until Hahnemann conceived the idea of discovering their true virtues by administering them to the healthy, and noting their powers of disturbing normal conditions, or, in other words, their sick-making properties. This indiscriminate use of these powerful, sickmaking forces has resulted in vast injury to the human family; so much so as to lead one famous physician and author to exclaim that if all drugs were cast into the sea, man would be better off, but worse for the fishes. So true is this that physicians find in many of their patients more trouble and anxiety in freeing them from these injurious effects than in removing the cause of ailments for which they have been administered.

Physicians long since, as well as the laity more recently, recognized in suppression instead of cure the most direful effects; entailing a life of invalidism, unless nature, aided or unaided, reproduces the original disease and it is then properly eliminated from the system. Study the history of medicine; its pages are covered with evidences of untold suffering, caused not alone by self-prescribing, but far more often by the pre-

scribing physician.

The careful, earnest physician, seeking light, can find in Hahnemann's "Chronic Diseases" a list most appalling—not from a homeopathic standpoint, but from the works of allopathic writers. A few cases only will be cited, as they can be seen and read of all men who care to investigate. The Doubting Thomas can reach forth his hand, see with his own eyes, and be not faithless, but believing.

Case IV.—A student caught the itch when he was about going to a dance. To be able to do this latter he had the itch removed, as soon as possible, by a sulphur ointment. Soon after he was attacked with such vehement asthma that it was impossible for him to breathe, except with his head raised; during the attack he was almost suffocated. After having thus wrestled with death for an hour, he threw up little pieces of a cartilaginous substance; this gave him some ease for a time. Having returned to Osterode, his home, he suffered for two years with this disease. The attack came on at least ten times each day. His physician, Beireis, was not even able to give him the slightest relief.

Case X.—In a man of twenty years dyspncea came on after the removal of the itch. It was so violent that it was impossible for him to breathe, in consequence of which he died of suffocation.

Case XII.—Immediately after the removal of the itch the patient was attacked with dyspnea,

and died of suffocation.

Case XXIX.—A young man, heedless of the warning of the excellent physician and professor, Krause, died of constipation in consequence of having used a sulphur ointment against the itch which had broke out again upon his skin. Collections of pus were found in his intestines.

Case XXXI.—A little prince of two years had tænia removed by ointments. After his death much bloody water was found under the skull.

Case XXXVI.—A boy of eight or nine years had tænia, which was suppressed by ointment. There was much swelling of the cervical glands, which made the neck crooked and stiff.

Case LX.—Two young men, who were brothers, suppressed the itch by the same remedy. They lost all appetite, were attacked with dry cough, lingering fever, emaciation, and stupor, and would have died, if the eruption had not come out again.

Case LXXXVII.—Two children were freed from epilepsy by the eruption of moist tænia; the fits, however, returned as soon as the tænia

had been suppressed.

Case LXXXIX.—A young man of twenty years had his itch suppressed by means of a purge. In consequence of this suppression he suffered for two years the most violent convulsions, until the itch was brought out again by birch-juice.

Case CXIV.—Suppression of the itch was succeeded by melancholy and imbecility, which disappeared on the reappearance of the itch.

What physician of a few years' practice has not seen hemorrhoids treated secundum artem, to find patient suffering from suppression of them, and before patient could be restored to the normal, hemorrhoids would return, with relief to sufferer?

Can you call to mind cases treated by aliopaths,—homeopaths are not, or should not, be guilty of such crimes,—of gonorrhea treated by injections, where one or more joints became affected with gonorrheal rheumatism, or some form of eye trouble; to say nothing of those violent strictures, as bad as Pratt's nerve-exhausting sphincters?

Call to mind the unfortunate victim of chancre, treated locally; years of suffering, not only to self, but to his posterity, unless reproduced and treated constitutionally with the indicated rem-

edv.

Have you ever been called to a little sufferer, and heard that sharp, shrill cry; that rolling of head on pillow; that peculiar expression of the face and eyes; perhaps opisthotonos, due to mistreatment of bowel trouble? Why multiply cases? He that hath cars to hear, eyes to see, understanding to comprehend, can learn the evil effects of suppression, and will more fully comprehend Section I of the Organon: "The first and sole duty of the physician is to restore health to the sick," or, as translated by Haynes, "The physician's highest and most sacred duty is sick men well to make."

# APPENDICITIS.

By Chas. E. Walton, M. D., Cincinnati.\*

So much has been written about appendicitis that it would seem as though little remains to be written, were it not for the frequent cases where tardy diagnosis, vacillating treatment, and fatal results indicate that there are yet principles to

emphasize and popularize.

The ætiological factors in any given case are of little importance. We certainly would not exclude the diagnosis because we cannot obtain a history of the ingestion of apple, grape, cherry, orange, or water-melon seeds, or the swallowing of buttons, toothpicks, or chewing gum. But we must remember with profit that most of the cases are the result of infection by the bacillus coli communis.

Any cause which impairs the integrity of the mucous membrane of the appendix will furnish an opportunity for infection. Infection once begun, every grade of appendicitis may follow.

We care not whether more men than women are the subjects of this disease, but must be alive to the fact that neither sex nor age furnishes exemption.

The cases in adult females will furnish the greatest complications, owing to the pressure of

\* Presented to the Hom. Med. Soc. of Ohio, Columbus, May, 1901.

the ovaries and tubes and the coincidence of

appendicitis with menstrual phenomena.

We must dismiss the antiquated conception of idiopathic peritonitis. For practical purposes there is no such condition, except for those exceptional physicians who never lost a case of appendicitis. Their cases die of peritonitis.

So alarming are the serious cases of peritonitis that we must remember that they are generally due to perforation of the gall-bladder, intestine, appendix, or tube; invasion of gonococcus, or sepsis from the uterus, or the result of strangulated bowel. If to these cases we add those due to malignant growth and tuberculosis, we have little room left for the idiopathic variety—a variety which always exists in direct proportion to the ignorance of the physician.

Every case of abdominal disease will challenge our interest in the symptoms of pain, pulse, temperature, vomiting, muscular tension, tumor, chill, ædema, fluctuation, resonance, dullness, and color of skin. In women we must add the

menstrual phenomena.

A careful consideration of these symptoms and their relationship will differentiate for us ectopic gestation, pyosalpinx, renal colic, gallstone colic, intestinal obstruction, cancer, typhoid perforation, tuberculosis, ruptured cyst, movable kidney, or appendicitis.

Of all these possible conditions appendicitis will be the most frequent; so, with this presumption in its favor, our efforts should be directed toward establishing its absence; or, in other words, we diagnose its presence by exclusion.

The anatomy of the appendix is important; its

physiology of no moment.

Being a glandular tube with a mucous lining, a peritoneal covering, and a mesenteric attachment, it is prone to follicular, mucous, submucous, infectious, exudative, and ulcerative disorders; producing changes of form, development of sacs, occlusion, and perforation.

The prognosis in this most deceptive and treacherous disease must be guarded. None should be made in the first twelve hours. The violence of the attack is not a safe guide, and vomiting alone is no indication of seriousness.

Continuous increase of pain, pulse, and temperature call for the danger flag, and most alert attention. Gradual remission furnishes hope of a favorable termination. Chill means pus. Local cedema means pus. Pus means operation. Low temperature means shock. Shock means perforation. Perforation means death.

From a pathological standpoint the case begins with erosion: then follow infection, ulceration, and perforation. From a clinical stand-

point it may begin with perforation.

Perforation, while always to be apprehended, can no more be predicted than the rupture of an

aneurism, or the giving way of a typhoid ulcer. Fluctuation in the second week means abscess.

Appendicitis is pre-eminently a surgical disease. Under certain conditions operation is as imperative as it is in strangulated hernia, urinary calculus, or ovarian tumor. This view does not interdict therapeutic measures, but emphasizes the co-existing importance of medicine and surgery.

Operation is frequently employed too late and is then made the expiation for therapeutic sin. The newspaper opprobrium cast upon post-operative fatalities is a disgrace to modern journalism; but probably no more so than the most of the medical information furnished by the daily

For the purpose of discussion I would like to submit the following dicta for approval or dissent:

In appendicitis use no opiates, no purgatives, no food per stomach; conceal no pain, excite no peristalsis.

When there is sudden, severe, and increasing

pain—Operate!

Where there is continuously frequent or in-

creasing pulse—Operate!

Where there is increasing temperature with the above symptoms, either with chill or without—Operate!

Where there have been mild attacks—Operate!—during or after a subsequent attack.

Where there is returning pain after abscess-cases—Operate!

Where there is persistent pain after apparent

recovery—Operate!

Where the diagnosis lies between appendicitis and pelvic disease—Operate!—you will likely find one or both.

Where there is gradual subsidence of pain, pulse, and temperature—Wait!

Where there is an abscess—Wait! for firm adhesions.

Every operator has found numerous cases to justify the above axioms.

This paper is intended to be suggestive, not exhaustive.

What does it suggest to you?

—In a little folder of Charles Daniels, attorney and counselor, of Chicago, whose business is collections, we find among the names of his patrons that of a firm whose business is "wholesale homeopathists"! Now what may that be? No, it has no reference to that Modest Combination Tablet Foundry with its large and promiseful literature of the NEXT dividend. And it is a firm name we have never before seen in connection with homeopathy.

# THE MEDICAL CIBRARY.

Skiagraphy in Injuries and Disease of Bones.

We are reminded, by two volumes published recently by Dr. W. B. Hopkins of Philadelphia and by Drs. C. L. Scudder and F. J. Cotton of Boston, of the great services rendered by our surgeons with regard to our knowledge of the clinical features and the treatment of fractures.

In both works we meeet with clear evidence of the great importance attached by modern writers on fractures to the use of the Roentgen rays for purposes of diagnosis. Both Dr. Hopkins and Dr. Scudder have of course made free application of this method, and skiagraphs of different forms of fracture are scattered profusely through their pages. The former author evidently looks upon skiagraphy when practiced by experts as a useful help in diagnosis, and deems it unnecessary to point out the difficulties that await, in the practice of this method, less competent or less experienced interpreters than himself. Dr. Scudder, on the other hand, who is convinced that the use of the Roentgen rays has contributed much toward an accurate interpretation of the physical signs of fracture, has, nevertheless, done good service by showing indirectly that this aid to diagnosis should not be implicity trusted, and that it is in its present stage of development capable of doing positive mischief.

He has included a treatise by Dr. E. A. Codman on the Roentgen ray and its relation to fractures. In this chapter it is pointed out that much of the real value of skiagraphy has been impaired by a premature and impulsive revelation of its uncontrolled results to the general public. He thinks it unfortunate that Roentgen's original article, which is regarded as a model of scientific accuracy, was not so widely published in the first place as the many sensational reports and absurd illustrations that appeared in newspapers. The unfortunate result is not only that it will be years before the public is freed from its first erroneous impression, but that during the process of enlightenment much trouble will be caused both to surgeons and their patients. The chief cause of so much mischief, Dr. Codman states, is the fact that so many people have been led to confuse a Roentgen-ray picture with a photograph, and to forget that it is but a shadow picture, in which the shadow is more or less distorted. In many of these pictures he shows that not only may the bones be magnified, but also the interspace between them. It is very necessary to guard against erroneous conclusions in some injuries, especially in those about the elbow. In all articular injuries in young subjects, the presence of cartilage in different stages of ossification presents great and perplexing dif-

ficulties in interpretation.

It is, as Dr. Codman holds, of the utmost importance that every practitioner who uses this means of diagnosis should fully understand the way in which any conclusion should be drawn from one of these pictures. "Though the pictures themselves are inaccurate as pictures of the object, they are accurate pictures of the different parts of the object, and the reasoning of conclusions drawn from them should be exact." Further suggestion of the danger likely to occur from a blind and unscientific confidence in skiagraphy is afforded by the report of the conclusions of the American Surgical Association on the medico-legal relations of the Roentgen rays, in which it is stated that the surgeon should not forget the grave possibilities of misinterpretation, as there is evidence that plates may be made that will fail to reveal the presence of existing fractures, or will appear to show a fracture that does not exist.

In the appendix to Carl Beck's recent work on fractures there is an excellent paragraph upon "errors of skiagraphy," in which are pointed out the chief of the many difficulties that hinder a lucid interpretation of the photographic appearances. So far as treatment is concerned, the author advises the use of the plaster-of-paris splint wherever possible. Massage is considered a "splendid adjunct" to the "good old immobilization treatment." This work contains a certain, not inconsiderable, quantity of original and useful information, and is thereby justified of existence. The author is not quite at home with the English language, as is shown by the use of words which neither custom nor scholarship can sanction.

#### THE MANTLE OF PROPHET KNEIPP.

When a prophet is translated to a higher sphere there is sometimes a fight among his disciples for his mantle. The public of Austria are now being edified by such a tug-of-war for the outer garment of the famous prophet of Wörishofen, the late Pastor Kneipp. On the one hand, Dr. Baumgartner, a member of the medical profession; on the other, Father Reile, Prior

of the Brothers of Charity, claims the apostolic succession of the Kneipp cure. The prophet himself is said before he passed behind the veil to have left the choice of his successor to the Brothers of Charity at Wörishofen. They have naturally chosen their prior. But this is not accepted by the other side as a satisfactory settlement of the matter. The quarrel is a very pretty one as it stands, as Sir Lucius O'Trigger would say. We venture to suggest as an appropriate solution of the difficulty that the contending parties should refer their differences to the arbitrament of the weapon with which the man over whose inheritance they are squabbling battled with such strenuous self-confidence against disease. Let them fight the matter out with douches. There is a large armory in the Master's book to choose from. It would be a novel form of combat, which would not come within the scope of the Church's ordinance against duels. Angry passions would be cooled without letting of blood, and no harm would be doneunless the shock of an unaccustomed bath should prove fatal.

# CREMATION IN FRANCE.

The French Society for the Propagation of Incineration recently held its annual general meeting in Paris, under the presidency of Dr. Bourneville. The General Secretary, M. Salomon, in his report reviewed what had been done during the past year toward the increased use of cremation throughout the world. He mentioned that in Germany there were at the present time 40 cremation societies with a total membership of about 12,000; that in the United States there were 25 crematories, and in Italy 22; that in Sweden cremation is becoming more and more frequent; and that in Copenhagen in 1890 the number of cremations carried out was 70. In Austria, Holland, Belgium, and in Spain serious efforts were being made for the introduction of cremation. With regard to Paris, M. Bourneville gave statistics of incinerations at Père-Lachaise in 1900, as follows: At the request of the family of the deceased, 207: human remains from hospital, theaters, etc., 2752; embryos, 2776; total. 5825. He concluded by moving resolutions asking for a modification of the law that would allow of the cremation of persons killed by accident on public roads, etc.: the creation of a crematorium in the cemeteries of the South and West; and the completion of that in the Père-Lachaise cemetery. With regard to England, in addition to the crematorium of the Cremation Society, which was erected in 1879, there are now crematoria in Manchester, Liverpool, and Glasgow; while at Hull, Birmingham, and in

the neighborhood of London on the northwest, new crematoria are in course of erection. At Woking 1824 cremations had taken place down to the end of 1900; at Manchester (since 1892), 475; at Liverpool (since 1896), 102; and at Glasgow (since 1894), 75.

#### THE USES OF CURIOSITY.

Professor Clifford Allbutt recently gave an address which he began by explaining how it was he had taken up the medical profession. When he became a student anyone who desired to know about things, anyone, for instance, who was interested in butterflies, was immediately marked off to be a doctor. In the little laboratory he had made at home, where he performed certain experiments on rats, and tried to gratify the inordinate curiosity with which his mind was then possessed, he did what work he could, and though his investigations led his relations to sav that he must go in for medicine, he had not yet been able to satisfy his curiosity to the extent that he would like. Allbutt then quoted from Hobbes the following: "Curiosity is in man such as in no other living creature; so that man is distinguished not only by his reason but also by this singular passion, from all other animals, in whom the appetite for food and the other pleasures of sense, by predominance, take away the care of knowing causes; which is a lust of the mind that, by a perseverance of delight in the continual and indefatigable generation of knowledge, exceedeth the short vehemence of any carnal pleasure."

It was a misfortune that this spirit of curiosity which was so stimulating should be choked systematically as it was from the very earliest days. A child was more or less interested in the concrete but not in abstract terms. A boy, however, was set to learn by rote abstract generalizations of the meaning of which he had not the faintest notion, and his curiosity in regard to things was extinguished early in life. Curiosity, however, had a chance of fair play in medical schools, and the medical student was incessantly watering the plant of curiosity.

Medical teaching used to consist in the handing down of abstract generalizations from one generation to another. In the present day there were three methods on which the study of medicine rested—observation, experiment, and the experimental method. By the experimental method he meant the systematic investigation of a subject step by step.

Referring to the accusation of medical men experimenting on their patients, the professor said that medical men must be incessantly trying experiments because every sick man was a riddle, and an exceedingly complex one. He contended that the smallest dose of domestic medicine was an experiment, and that scientific habit of minds and scientific methods had not conduced to any indifference to the welfare of the patient. The heavy bleeding and heavy purgation of their predecessors were experiments which were made with ignorant readiness, but the scientific methods of to-day made them aware how enormously difficult it was to treat patients without sometimes doing more harm than good.

# "THE CRY IS STILL THEY COME!"

The extraordinary multiplication of new drugs, especially new synthetic bodies, recommended by their vendors as cures for various diseases, often for many diseases, is, we are glad to see, attracting the attention of the medical profession in Germany, the country from which most of these discoveries or inventions hail. At the German Scientific and Medical Congress, Professor W. His of Leipzig read a very outspoken paper on the evils which arise under the present system by which every manufacturer of a new drug thinks it necessary to obtain testimonials from medical men. Professor His recommended that professional opinions should be confidential, that the wording of any testimonials given should be guarded, and that no remuneration should be asked for or accepted. The congress appointed a committee to report on the whole matter, but the Deutsche med. Wochenscrift, in a recent issue, expresses the opinion that no private committee can do the work, and suggests that a central organization for testing new drugs should be established. Our contemporary states that in 1899-1900 alone no fewer than 126 new drugs were put on the market, and it thinks that such an official examination as it proposes might have the effect of moderating the too great zeal in the finding of new drugs displayed by some medical practitioners and chemists. We imagine that most practitioners in this country, who find their letter-boxes stuffed every day with pamphlets and circulars, and little tins and bottles of samples, will be disposed to agree that our eminent German contemporary speaks the words of wisdom.

# APPLICATION OF WATER IN DIABETES.

S. BARUCH, M. D.

It has long been my custom to insist upon regular and sustained exercise, by which alone muscular glycogenesis can be stimulated. This requires great moral courage and energy; so

great are the languor and inertness of the patient that it is almost impossible to overcome them. And here is the point where hydrotherapy enters as an important remedial agent. That great physiological stimulant, cold applied through the medium of water, especially when combined with the mechanical stimulation of the douche, arouses nervous activity, increases vital capacity, contracts muscular tissue, improves nutrition and hematosis, and thereby increases energy, removes languor and indisposition to exercise when moral suasion has failed, and even the certain prospect of farther invalidism has not stimulated the diabetic to effort. The systematic daily neurovascular training of the cold douche has often requited me by a renewal of life, a quickening of all the functions, an elevation of vital activity, which brought the patient to tolerate and even enjoy muscular exercise without fatiguing him. Not alone do we thus obtain the salutary influence upon the muscular glycogenesis, but the improvement of the patient's general health contributes to the enhancement of his digestion, assimilation, and more normal excretions; weight is gained, and patient and friends are cheered. Such stimulating effect upon the nervous system, in a disease which is so largely neurotic in many instances, conduces vastly to the restoration of health.

I have frequently observed that strict dietetic rules may be relaxed when systematic exercise and hydrotherapy are added to the management of the diabetic. Just as exact temperatures, pressure, and technique are insisted upon, so must an exact record of walking exercise, which is the best, he made upon the pedometer, for guidance in future prescriptions. This disease presents a striking illustration of what I have often emphasized, in that hydrotherapy, though not directly curative, aids by enhancing the resisting capacity of the human organism.

One brief clinical history of a case of long enduring restoration must suffice to illustrate my statements.

Mrs. I., æt. sixty-three, consulted me March 2, 1892, for great lassitude, loss of appetite, depression of spirits, and other symptoms pointing to diabetes. Examination revealed six per cent, of sugar, specific gravity 1040, quantity in twenty-four hours eighty-one ounces. Weighing, nude, 253 pounds, and being quite inert and languid, exercise seemed utterly out of the question. A strict anti-diabetic diet was prescribed, and rigidly adhered to, but she could not walk two blocks without dyspnea and great exhaustion, despite the most laudable persistence in her efforts to carry out my instructions. In one month she lost only one-half per cent. of sugar. In order to reduce her weight and improve nerve and muscle energy, she was induced

to drive in a carriage five miles to receive the following treatment: Once a week she received a hot-air box bath until she perspired freely. This was followed by the cicular douche at 90° for half a minute, and by the fan douche at 80°. This was succeeded by active massage and resisting movements for fifteen minutes. Five times a week she received a tonic hydriatic procedure, beginning with a dry pack for half an hour, for the purpose of filling the cutneous vessels, and followed by a general ablution at 70°, with good friction. On April 15, or in two weeks, she had lost six pounds and was able to walk six blocks twice a day. A week later specific gravity of urine was five points less, sugar three-quarters per cent. less. Wet packs in sheets wrung out of water at 50° were given for forty-five minutes, followed by half baths, of ten minutes, at 85°, with active friction in tub, followed by massage and resisting movements for fifteen minutes. The object of this procedure was to increase tissue change and improve the circulation in the muscles. This effect was increased a month later by substituting the jet douche under thirty pounds pressure, at 60° F., for the half bath. It was delightful to observe how this large and unwieldly woman gained in energy, desire and ability to walk, so that at the expiration of three months, despite the summer heat, she was able to walk four miles a day, morning and evening. The diet remaining the same, sugar decreased gradually from the time she was able to walk a mile daily, until eight months after beginning treatment she was entirely free from sugar. She remains free from diabetes, although eight years have elapsed. Her diet is no longer strict, the only precaution being to resort to more muscular exercise when farinaceous food is indulged in.

# A FAMOUS GENERAL PRACTITIONER.

The Association of German Engineers has recently placed a memorial tablet on the house at Heilbron in which lived Robert Mayer, the discoverer, or, as the Encyclopedia puts it, "an independent a priori propounder of" the law of the conservation of energy which Mayer himself called "indestructibility of force." Mayer was all his life a general practitioner, and apparently not a very successful one, as may be gathered from Tyndall's words in announcing his wish "to raise a noble and suffering man to the position which his labors entitle him to occupy." Mayer was born at Heilbron in 1814, and studied medicine at Tübingen, Munich, and Paris. He made a voyage to Java as surgeon of a Dutch ship in 1840, and on his return settled down

in his native town, where he held an official medical appointment. He died in 1878.

### OBSERVATIONS ON SEASICKNESS.

JAMES R. WORTABET, M. B., Late Surgeon R. M. S. Dunvegan Castle.

I have acted as a ship's surgeon for a considerable period of time. I have traveled more than one hundred thousand nautical miles, and I have had usually under my care several hundred passengers besides the crew. Though well inured to sea life, I myself have suffered on one or two occasions, and I found I nearly always did so when I went to sea with loaded bowels, and presumably a full gall bladder.

My own feelings and observation led me to believe that all my symptoms were referable to the abdominal organs, none to the cerebral, although I quite believe in two distinct types of the sickness. I am quite convinced that certain precautionary methods adopted by experienced travelers almost completely prevent their being affected to any extent—namely, by taking a saline purgative the day or so before traveling, by adopting the recumbent position, and on all occasions avoiding oleaginous smells and the company of those who are seasick, as example seems a powerful excitant to seasickness.

There are also certain stomachic sedatives which, if taken at once, undoubtedly tend to prevent sickness, notably potassium bromide and some similar drugs; but, having given a fair trial to all the most lauded preparations which have been brought forward as panaceas, I have found none of them infallible. I have noticed that patients who went at once to sleep on coming abroad, either from the effects of a dose of chloral taken at their own instigation, or from the effects of alcohol, often escaped the malady, which, on other occasions, they did not. But to show how uncertain deductions from this statement are, I may mention that both sailors and firemen not infrequently come on board the worse for liquor, and almost invariably are seasick before getting into their normal condition.

I believe that more depends on the kind of motion of the ship than on nearly anything else, although, as I have pointed out, the recumbent position renders one less liable to this ailment than the erect. With a head sea and slight pitching far more people are affected than even with severe rolling, and singularly the majority of the people affected, if asked to describe their sensations, refer them in nearly all cases to the abdomen primarily, and I can myself corroborate this experience, the downward motion of the vessel seeming to have distinctly more effect than the

upward. An experience I had with about five hundred Hebrew pilgrims at Jaffa most strongly confirms the above statement. I do not at all question the statement that a certain proportion of cases have their origin in the cerebral centers primarily, but I should not attempt to venture on a distinct localization. It has been pointed out, with what certainty I cannot tell, that the sensations occasionally experienced in a train passing through a tunnel or in a lift in motion are in some way referable to the superior semicircular canal. Dr. Savory ascribes the whole mischief to the disturbance of the endolymph; but if such be the case, why should the vast majority of people suffer considerably more, as I have shown above, by slight pitching than by much more severe rolling? In the cerebral cases pallor, giddiness, obscured vision, and other sensations precede the gastric phenomena, but my experience goes to prove that such cases are in the minority.

New modes of treatment are always cropping np, and each has its strenuous advocates; at one time Chapman's icebags to the spine, at other hot-water bottles to the feet and epigastrium. For my own part, I am certain that in severe retching and persistent sickness nothing is so trustworthy as a hypodermic injection of morphine. With this exception I never rely alone on one method of treatment, for even seasick

patients have their idiosyncrasies.

The best advice I can give—in a few words—to those who suffer principally from gastric phenomena is that before starting on a voyage they should provide themselves with a good flannel roller bandage twelve feet in length and six inches in breadth, and wind it round their trunk over the whole width of the abdominal region; this will frequently afford great comfort by preventing the contents of the viscera from undue movement. A few turns of a surgical bandage round the head also appear to allay a good deal of the accompanying headache.

# DISLOCATION OF THE NINTH RIB.

S. G. HARRISON, M. D.

A young woman, aged about thirty, rather slightly built, came to me complaining of acute pain in the left side. Three or four days previously she had been putting up a big picture and this slipped suddenly, throwing all the weight on the left arm. She felt acute pain in the left side and thought she had strained herself. The next day she found the side swollen, so she rubbed in some embrocation and rested. Finding that the swelling went down but the pain did not subside she came to me. I found slight

swelling and some tenderness in the left side and acute pain on breathing deeply, and on examination I found that the cartilage of the ninth rib was dislocated at its junction with that of the eighth, and that the swelling and tenderness were in this situation. This is, I believe, a rare accident, particularly from indirect violence.

#### A CURIOUS METHOD OF OPIUM POISONING.

J. A. HENTON WHITE, M. D.

At 11.30 P. M. on March 31 Mrs. Y. brought her baby, aged three months, saying that it was dving. The infant was very pale and cold; its pupils were minutely contracted, and it could with great difficulty be roused up. I inquired if any sleeping draught or soothing syrup had been administered, but this was denied. Mrs. Y., however, mentioned that she had put a pledget of cotton-wool soaked in laudanum in her tooth, which was aching during the evening. She was quite sure the baby had had none. Under the circumstances I washed out the baby's stomach, by means of a soft rubber catheter, with very weak Condy's fluid, and left in a drop of liquid extract of belladonna. I also gave small enemata of black coffee and roused up the infant. In about half an hour I sent it home, telling them to keep it warm but awake. They sent for me about 1 A. M., and I found the child awake, pupils very big, and skin rather flushed from the belladonna. I ordered a warm bath, and next day found the child quite well.

On questioning Mrs. Y. I ascertained that she was in the habit of moistening the teat of the baby's bottle in her mouth before giving it the child, as "it took to it better." She did not think she had done this more than twice or three times during the time she had the laudanum in her mouth. She was sure the child could have

got the poison in no other way.

# A REALLY CLEVER DOCTOR.

The following advertisement appeared in a recent issue of an English paper:

Can any lady recommend a really elever doctor, for a confinement, whose fees are not high, in Chelsea or the immediate neighborhood? Address, Box ——.

The lady who requires a "really clever doctor" to attend her in her confinement must be under the impression that "real cleverness" in a medical man is as easily detected by the lady who is attended by him as the "real goodness" of a "really good cook" is appreciated by her mistress. She has followed the form which she has

been accustomed to use in advertising for her servants so closely, including the proviso as to fees as a substitute for "state wages required," that we wonder she did not add "personal character indispensable," or specify the views as to alcohol and religion which she would prefer in her medical attendant. The answers received should be interesting.

## NAPOLEON'S ECZEMA.

By EDMUND ANDREWS.

The Memoirs of the Empress Josephine state that Napoleon "was tormented" with an eruption of the skin caught by seizing a rammer dropped by a dead artilleryman, who had scabies and was killed at the siege of Toulon. Bonaparte himself made the same statement to Surgeon Warden of the ship Billerophon, on the voyage to St. Helena. He said that at this siege, near the beginning of his career, two of his gunners were killed, one of whom had the itch. He seized the fallen rammer and loaded the gun, and thereby took the disease, but he was properly treated and cured. The parasitic nature of the disease was not then known.

Several months later he developed a chronic eruption, doubtless eczema, which "tormented" him at times throughout his entire life. He and all his surgeons, as well as Hereau, one of his family physicians, said, in accordance with the crude medical theories of that period, that the scabies had "receded" or "struck in," in consequence of exposure to storms, and produced his various diseases of the internal organs and

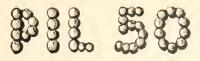
also brought on his lifelong eczema.

The Empress' statement that his chronic eruption "tormented" him shows that it was not syphilis, since syphilitic eruptions do not itch. One of his physicians at St. Helena states that he found it necessary to make free use of prolonged hot baths. He rose very early in the morning and sat in the hot water, sometimes hours, while an attendant read a book to him, or his secretary wrote what he dictated. "He was continually reaching for the hot-water faucet," says the physician, to raise the temperature of the water. Often he had a large board tablet laid across the tub, and his breakfast served on it, while he continued to sit in the bath.

Dr. Hereau says the eruption mainly attacked

the outer sides of his thighs.

This is perhaps the most prominent case known of severe pruritus treated by heat. Napoleon was a very self-willed patient. He probably found by his own experience that prolonged very hot baths in the morning relieved his distress for the rest of the day, and he is entitled to the priority of the discovery.



# An Allopathic Proving of Terebinthia.

[The following letter is taken from the British Medical Journal]:

In connection with the case recorded in the British Medical Journal of February 9, p. 340, under the above title, the following notes of an instance in which a large quantity of turpentine was taken without ill consequence following may prove of interest. In this instance, however, only a short period elapsed before the stomach was emptied.

On November 3, 1900, S. B., a woman, aged forty-six years, suffering from chronic melancholia with suicidal propensities, obtained access to a bottle containing half a pint of turpentine, the whole contents of which she swallowed. Fifteen minutes elapsed before medical aid was given, there being some doubt as to whether the turpentine had been

swallowed or otherwise disposed of.

When the patient was seen nothing unusual was noticeable, except the presence of slight reddening of the fauces. The odor of turpentine was not perceptible in the breath or on the clothes. An esophageal tube was at once passed, and on entering the stomach, most of the turpentine was expelled. Lavage with cold water was then employed for upwards of half an hour, the smell of turpentine at the end of this time being much less pronounced than at first, but still very evident in the water. The patient was placed in bed rather exhausted, irritation of the larynx during the washing out of the stomach having caused much coughing. A few petechial spots on the forehead were present from the same cause. Three-quarters of a pint of milk was left in the stomach and an ounce of castor oil was given.

An hour later the patient complained of slight uneasiness in the epigastrium. Beyond this, which passed away in the course of a few hours, there were no subjective symptoms. The urine was passed in natural quantity; there was no trace of albumin, and with the exception of the violet odor of the urine, which, gradually becoming less perceptible, remained, for some forty-eight hours, nothing abnormal was discovered.

Turpentine is said to be rapidly absorbed from the stomach. Looking at the severity of the symptoms produced by \(\frac{2}{3}\) j to \(\frac{2}{3}\) ji of the drug in Dr. Grapel's case, it may be assumed that in the case now recorded a very small quantity was absorbed by the stomach direct in a quarter of an hour, or had passed beyond the reach of the stomach tube, to be absorbed later.

In my case, in the absence of any indication from the state of the patient, and especially in the absence of any smell in the breath, and with the existing doubt as to whether turpentine had actually been taken, the stomach tube was, in the first instance, used not with a view so much to treatment as to diagnosis.

F. S. Stanwell, M. B. Edin.

East Riding Asylum, Beverley.

# Similarity between Gaylord's Cancer Germ and Vaccine Disease.

In the [Indps.] Sun, of May 14, was an interesting account of the discovery of the germ of cancer at the New York State laboratory, at Buffalo, but the most interesting point was left out, and that is that the germ was found to be not only animal in character, but identical with that of vaccine, an unexpected corroboration of my original claim of four years ago, that vaccination causes cancer. Drs. Harvey II. Gaylord and Roswell Park made the discovery, and Dr. Gaylord's 35-page descriptive and illustrated article, a report to the New York legislature, may be found in the May issue of the American Journal of the Medical Sciences. Ile says: "The organisms can be detected in the blood, and comform closely in appearance to the bodies found in the blood after

vaccination." He also cities Dr. Gorrini's claim that the cancer bodies and the vaccine bodies are the same in appearance, details his tests, and verifies the statement. He calls attention to Funck's article on the cultivation of the vaccine organism (Brit. Med. Jour., February, 1901), and says: "We repeated his experiment and found that the organism of vaccinia, while undergoing development, shows the same phases we had already noted in the organisms observed in the fresh scrapings of cancer, the peritoneal fluid and the blood of cancer patients." Other illustrations could be given from Dr. Gaylord's report, and also from Dr. Park's essay (in Medical Record, May 18.)—W. B. Clarke, M. D.

# Book Reviews.

Regional Leaders. By E. B. Nash, M. D. Philadelphia: Boericke & Tafel. 1901.

This is another of the famous Nash series. And everything issuing from this author is good, old-fashioned homeopathy. There is never anything of doubtful paternity to be found in any page emanating from the Nash pen. In the present book the characteristics with which the profession is familiar, from having "boned" them at college, are placed in page form, with the name of the remedy in a column in the margin. In order not to have to turn over the page, to see the name of the remedy, or in some other way hide the name of the remedy, a clever little device has been added in the form of a bit of aluminum, just the width of the column, thus covering the names of the remedies and rendering the characteristic reading a test of memory. The book is handsomely gotten up as to type, arrangement, and binding, and makes a pretty little handbook or pocketbook.

Pocket Manual of Homeopathic Materia Medica, Comprising the Characteristic and Cardinal Symptoms of All Remedies. By William Boericke, M. D., Professor of Materia Medica and Therapeutics at the Hahnemann Hospital College of San Francisco: Author of a Compend of the Principles of Homeopathy; Associate Author of the "Twelve Tissue Remedies," etc., etc. San Francisco: Boericke & Runyon Co. 1901.

There can never be too many homeopathic materia medica text-books, especially when they come to us from so eminent a student, teacher, and practitioner as is this Boericke, who is already well known and famous for his many other ultra-homeopathic books. This little book is marvelously compact, considering that it carries all the remedies with which the well-read homeopath is familiar—certainly as to name, though not always, or but rarely, with all the alleged virtues. In the very brief compass of half a page this author gives the most important points of each of all the remedies, and the rest thereupon becomes easy. We are reminded to say now, what we have frequently said before, that these little text-books are not to be con-

sidered as books from which to study a remedy. They are more in the nature of an encyclopedia, which teaches by suggestion rather than from the volume of matter contained. Having studied arum, for instance, and then not used arum for a year or more, the points of the remedy will, in great part, fall out of the memory; but a reference to one of these splendid books instantly, by association and suggestion, recalls the larger study, and thus our memory is kept alive. No one for a moment supposes that Dr. Boericke intends to put this book in the market as a substitute for the larger and more necessary study of the remedies, as we all need at one time in our lives to study and assimilate the remedies of our profession; it is merely in the light of an assistant, to recall the knowledge we have somewhere stowed away about our clothes; also to suggest to the busy man where he may find the remedy which he was not taught while at school; and so look it up and study it. The first few sentences under each remedy are worth alone the price of the book. They are range-finders. After that the minute selection of the remedy becomes measurably easier. Needless to add that we admire the little pocketbook, and recommend it to our readers and to all good homeopaths everywhere.

A Manual of Homeopathic Materia Medica, By J. C. Fahnestock, A. M., M. D. Published by the author at Piqua, Ohio. 1901.

Dr. Fahnestock makes no claim to any originality of matter; he is frank enough to say that it is merely what to him has seemed a better way of getting at the remedies most frequently in use. In his Preface he speaks of this, and thus puts the reader at his ease. The book is printed upon but one side of the page, leaving one page blank—that opposite the printed page; thus giving room for additions picked out of actual practice. The remedies selected are the prime favorites of homeopathic prescribers, and are put in such condensed, but withal practical, form that they readily recall to the practitioner the salient points of the whole remedy. This book is a little handbook, and makes a fine companion piece to other homeopathic text-books now found upon the working shelf.

Diseases of the Intestines. By Dr. I. Boas, Specialist for Gastro-Intestinal Diseases in Berlin. Authorized Translation from the First German Edition, with Special Additions. By Seymour Basch, M. D., New York City. With 47 Illustrations. New York: D. Appleton & Co. 1901.

This well printed and bound book, from this popular printing house, contains 560 pages 8vo, and is filled from cover page to cover page with matter with which the American profession is

but little acquainted. Not to say, of course, that our physicians are not familiar with the subjectmatter of intestinal diseases, but (as far as our knowledge goes) this division of the subject is not often treated alone. It is usually combined with some of the many forms of rectal treatments, or with diseases of the upper end of this tract. Here, however, the important anatomical branch is given individual hearing and study; and right well has Dr. Boas accomplished his task. In view of the present-day prevalence of appendicitis, stenosis of the bowels, and the other many forms of intestinal trouble, it is most necessary to be "up" on this subject. Such reading as we have been able to do in this handsome and clearly stated volume—clear in that the author's meaning is nowhere obscured by the translator's lack of familiarity both with the English and the German—has increased our respect for both author and translator, and our belief that the conjoined work has been very well done. The author gladly and frankly admits that the American profession has made many strides in the same specialty as that sought to be shown in this treatise; still he begs to state that, having made a specialty of this matter for many years, with his many years of practice along this line and special opportunities for observation and experience, he may fairly claim much new matter; all of which he has included in this book. There are many illustrations which help to explain the anatomical and pathological points with great fidelity and clearness. Our surgical readers will find much to interest them in Chapter XIX.— "Typhlitis, Perityphlitis (Appendicitis)." We take pleasure in recommending this book to our

The Composite Man as Comprehended in Fourteen Anatomical Impersonations. By E. H. Pratt, A. M., M. D., LL. D., Professor of Orificial Surgery in the Chicago Homeopathic Medical College; Attending Surgeon to the Cook County Hospital; Member of the American Institute of Homeopathy, The Illinois State Homeopathic Association; Honorary Member of the Kentucky, Ohio, Missouri, Michigan, Wisconsin, Nebraska, and Minnesota State Homeopathic Institutes; and Editor of the Journal of Orificial Surgery, Illustrations by Dr. Frederick II. Williams. Chicago. 1901.

This is a second edition, though in reality it is a newer and vastly more improved edition of the first edition so recently put upon the market. The illustrations accompanying this second edition are most graphic and fine and convey a good idea of the central thought of Dr. Pratt in this novel work. This series of Impersonations, as we formerly wrote, ran through the pages of the Orificial Journal, and at that time drew great attention. And from the fact that the newer book has issued so shortly upon the heels of the first edition (which was put into the profession as a feeler), we are led to believe that it has

proven the success we dared to prophesy. Those who have known Dr. Pratt know his comprehensive grasp of any subject he undertakes. And this latest series of studies, growing out of his famous Sympathetic Nerve discoveries, is fitted and filled with the same form of thoroughness and originality which has marked everything taken up by this master spirit and good homeopath. The fourteen Impersonations here represented are the Bony, Muscular, Arterial, Venous, Lymphatic, Skin, Connective Tissue, Cerebro-Spinal, Tubular, Sympathetic, Organic, Conscious, Sub-conscious, and Composite Man. From which array of topics it goes almost without saying that the reader will be entertained as well as instructed; and that he will rise from his study filled with a number of new ideas. We highly commend the study of these Impersonations to all homeopaths. It falls in with much that we have tried to teach as professor and editor in regard to the selection of the homeopathic prescription; and we still believe that the homeopathic student will find that a good knowledge of these several "men" will aid materially in selecting the remedy.

King's American Dispensatory. New Edition. Entirely Rewritten and Enlarged. By Harvey W. Felter, M. D., Adjunct Professor of Chemistry in the Eclectic Medical Institute, Cincinnati, O., etc., and John Uri Lloyd, Ph. M., Professor of Chemistry and Pharmacy in the Eclectic Medical Institute, Cincinnati, O., etc. Two-volume edition, royal 8vo, containing together 2284 pages, including complete Indices. Cloth, \$4.50 per volume, postpaid. Sheep, \$5.00 per volume, post-paid. The Ohio Valley Company, Publishers, Cincinnati, O.

This is the second volume of this very excellent work by these two men, each eminent in his particular domain. We can but repeat our commendations written upon reviewing the first volume. We find many excellent things in this book in its two volumes, and suggestions which will serve the homeopath as well as the eclectic. The book is a companion volume to the first volume, is well printed and bound, and makes a handy dictionary of remedies to have close at the elbow.

# Globules.

—What is vesicaria communis, anyway?

—The St. Louis Homeopathic Medical Society has decided to make some aggressive move toward obtaining a proportionate control of the St. Louis Hospital Dispensaries and City Insane Asylum. A committee has been appointed to look after this matter in order to be able to go after the proper city authorities. This committee solicits information from other cities where the

homeopathic system of practice has been successfully employed in public institutions. Dr. G. A. Mellies, 2839 Cass Avenue, St. Louis, will be glad to hear from the craft.

—A splendid location for a Homeopathic Physician, information of which can be obtained by addressing Lock Box 244, Uhrichsville, Ohio, or by addressing Dr. Thomas M. Stewart, Secretary of Pulte Medical College, 704 Elm Street, Cincinnati, Ohio.

—The Homeopathic Recorder man keeps on referring to a "Million Dollar President." Wonder what he is after? Have we any official in medicine who is commanding so enormous a salary as this? If we have he ought to be thrown out of the profession of medicine or pharmaceutics, for he is too rich to be either a doctor or a pharmaceutist.

—The News Letter of the alumni of the Chicago Homeopathic Medical College, which is issued quarterly, appears upon our table. Dr. T. E. Costain, secretary of the Alumni Association, is the editor; and judging from the "totality" presented he has undoubtedly found his proper place. Our friend, Dr. Harvey B. Dale, is president of the Alumni Association for the next year.

—Father of the Institute Chase, with that highpriest's breastplate dangling from his watchguard, when he went on the stage on the evening of the opening of the Institute, was loudly applauded by the audience. The Institute loves Father Chase, and suffers no opportunity to pass in which to do him honor. May he live many years to enjoy the love of his multitude of friends.

—"The Stringtown-on-the-Pike" author, John Uri Lloyd, says in a recent communication to us, that because of the financial returns coming from the sale of that book and of "Etidorpha," the scientific library in which he and his confrères are concerned is being rapidly evolved. The present building is now filled, and plans are being drawn to erect a new four-story library to be completed in the fall. This library is free to the public, and is to be donated intact to education.

—The semi-annual meeting of the New York State Society will be held in Buffalo commencing Tuesday, September 25, and comprising three half-day sessions, beginning at 10 A. M. The hotel quarters will be Statler's Hotel, Elmwood Avenue, adjoining Exposition grounds. All cars either direct or by transfer pass the hotel. Satisfactory accommodations can be secured upon application, and fair promises for the comfort of every guest is made. Special rates for

the Society have been secured, varying from \$2 to \$3 a day, which includes room and two meals. All rooms are designed for two persons, and the rate stated is for each of two persons occupying one room. Accommodations are also offered upon the European plan, with their rooms from \$1 to \$3 per day.

The physicians of Western New York have arranged a programme of entertainment for those in attendance, which will take place Wednesday afternoon on Exposition grounds. Dr. De Witt Wilcox is the secretary, and to him all inquiries should be addressed. With the facilities for reaching Buffalo, the reduced railroad rates, the beautiful Exposition, and, to use the secretary's unique announcement, "a thrilling and mysterious entertainment promised," there should be a large attendance.

—The fire of July 16 in Pulte Medical College of Cincinnati was due to crossed electric light wires in one of the laboratories. The damage done was covered by insurance, and repairs to building, apparatus, instruments, and equipment will be complete in ample time for the opening of Pulte on October 2.

—Dr. D. M. Gibson, editor of the Clinical Reporter, St. Louis, has been elected registrar of the Homeopathic Medical College of Missouri, vice Dr. L. C. McElwee resigned. We congratulate both Dr. Gibson, and his college—the latter our alma mater. After reading some recent literature mailed with a large and free hand by a medical pharmacy with alluring side-lines, we concluded that the former registrar was too busy with his various offices and honors to long care to retain the very workful and uneventful one of registrar of the medical college—which does not recommend Combination Tablets, nor people who recommend them.

—A number of conductors were telling stories. Said one: "My train had always reached Lebanon just after an express train, but the schedule was changed so as to bring my train into the station first. A voluble Pennsylvania Dutch woman was a regular passenger on market days, as my train stopped at her station, while the express whizzed by. The first evening that I ran my train in ahead of the express she was much astonished and delighted. She rushed up to me and exclaimed, in the high key and peculiar dialect of that region:

"'Vy, you're early of late; you're first at last; you used to be behind before."

# The American Homeopathist.

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# The American Homeopathist.

SEPTEMBER 16, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

#### OUR PORTRAITS.



JAMES C. WOOD, M. D.,

President of the American Institute of Hemeopathy, 1901-2,

Cleveland, O.

#### MEDICAL MEN AS DECOYS.

FOR several years there appeared in the cheaper of Cleveland newspapers, and doubtlessly in many others of other neighboring communities, veiled and guarded advertisements concerning the restoration to health of some sexual invalid (formerly a missionary to Turkey), and inviting all others similarly afflicted to apply to this advertised Well-Spring-of-Life in Michigan for a free sample "brick," and thus, by first trying, be ultimately convinced of the necessity for buying the rejuvenating elixir.

ROM being at first a straightforward ad.—if the use of an ad. in so nefarious a business may by any courtesy be designated straightforward—there presently came a change over the spirit of its dream, and the same contemptible company of swindlers took on the innocent form of celery-growers, tobacco-merchants, musicdealers, et id genus omne, recommending these hell-wares; doing this as commercial firms moved by a high philanthropic motive, who had no interest in the dope beyond the fact of personal use and success. After repeated showing up of this corporation of swindlers,—that they were simply one of numberless similar or congener firms throughout the U. S.,—dealing in sexual pills, magnetic belts, organ enlargers, abortioninducers, conception-preventives, and the like, they have measurably disappeared from the Cleveland press, and may have gone to the bowwows generally. And glad we are of the death!

NOW the profession of medicine is like to have a repetition of a similar process of advertising, and in a way which baffles all present known defense. Some addled-egg in the medical profession, who advertises himself in membership with the Cleveland Medical Society, and of the American Medical Association, has become advance-decoy for a mining company, and tearfully, pathetically, in a printed circular letter appeals to his "brethren" to put of their hardearned gains in this corporation, and so become quickly rich and independent.

This week there follows a circular letter on the letterhead of a printing house, referring to the fact that the soft-yolk doctor had importuned this printing house to write us, in order to induce us (and other unsuspecting, "easy" lambs) to engage in this wonderful hole in the side of a far Western mountain.

NE part of our anxiety is now allayed—the former wonderment why this soft-yolk doctor hunted us up in our obscure parish practice, spelled our name correctly, and became so interested in our financial welfare.—for in these

later circulars he appears as a stockholder. Therefore, the other foxes should all, also likewise, already, have their tails cut off. Just what other innocent, or theretofore innocent, commercial enterprise may take of its letterheads and postage to compel us to engage in this mad race for getting rich and snobby we do not know. But perhaps this hole-in-the-ground company, having now secured our good name and address, will adopt the policy of the swindlers of Michigan and turn loose on us and our profession celery-growers, brick-makers, millinery emporiums, music-dealers, map-sellers, pianomovers, wringer-peddlers, and other commercial stool-pigeons, to worry the life out of us, because there is no apparent way to keep this form of worrisome, profanity-inveighing form of literature out of our mail.

LITTLE reading of the prospectus of this mining business, done in two colors, shows up considerable of lurid spectacular language; while the explanation and descriptive matter, under a number of half-tone engravings, presumably done from photographs of the things represented, is followed in each instance in smaller type with " (To be Erected)"! Not in all cases, however; for there is a picture of a forest, that was as badly burned as will be those of our craft who engage in a business whereof they know nothing and have every reason to believe, from the repeated daily experience of others who thought they knew a good thing when they had their noses rubbed against it, that they can know nothing. This burnt and blackened forest, we find, is not followed with the tell-tale legend of " (To be Erected)."

W HAT shall we think of a medical man who lends himself and his reputation to so transparent a scheme—for tempting innocent and upright doctors to become suddenly and immensely rich?

# Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York,

References in this department are made by number. (See issues of January 1st or December 15th each year.)

### Camphor in Cholera Infantum.

According to Martin Deschere, M. D.,20 the attack is very sudden and the skin is as cold as marble, but the child will not remain covered. There may be neither vomiting nor purging, but coldness and great prostration.

The vomiting and purging may suddenly cease, and the child lie almost unconscious, with icy coldness of the body, cold tongue, blue face and hands, and hoarse, weak voice.

Cold sweat on the forehead and face.

There may be coldness of the surface without change of color.

Blueness of nails.

Face pale, livid, eyes sunken and fixed. Upper lip drawn up, exposing the teeth. Icy cold feet, and nose cold and pointed.

Interior fontanel much depressed.

The great coldness, with aversion to heat, is very characteristic of this drug, but it must not be forgotten that secale has a similar aversion to heat and clothing. Its usefulness is usually in the beginning of attack. Most of these symptoms, appearing later, often require veratrum, cuprum, or other remedies. Says Carrol Dunham: "In camph. collapse is most prominent; verat, the evacuations and vomiting; in cuprum the cramps."

Camphor is more often indicated in Asiatic

cholera than in cholera infantum.

#### Remedies for Seasickness.35

Petroleum.—This is by all odds the most frequently indicated remedy in seasickness. Dr. Bayes says it is the only medicine that he found to be of any use; he used the 3d potency. Hughes also praises it in this affection, and the writer has used it with success. The special symptoms are nausea which is accompanied by vertigo; the vertigo coming on specially when the patient raises his eyes. These symptoms are worse from motion or riding. There is rather a persistent nausea and qualmishness than vomiting; although bilious vomiting also occurs. It undoubtedly has prophylactic power, and may be taken, night and morning, for a week or two before sailing.

Cocculus.—Has great nausea as one of its characteristic symptoms; it is provoked by motion, change of posture, and specially from riding in a carriage, on the cars, or on a boat. This nausea is accompanied by vertigo, with a ten-

deney to faint.

Apomorphia.—There are no special indications for its use except that it has vomiting of cerebral origin.

Theridon has proved useful in nervous women. They shut their eyes to get rid of the motion of the vessel and grow deathly sick.

Glonoine is the remedy specially when there are giddiness, warm sickening sensation in the

chest and stomach, and a faint feeling.

Tabacum produces an astonishing resemblance to seasickness and car sickness, and in the higher potencies is sometimes very efficacious.

#### Veratrum Viride.

Dr. O. S. Hames gives a résumé of an article by Dr. Wilson A. Smith, wherein the latter calls attention to the fact that this really splendid remedv has been much neglected by the profession during the past few years. There are several reasons for this. Doubtless much of the tincture of veratrum that is upon the office shelves of the doctors throughout the land is worthless, and would not act beneficially if it were prescribed. Again, it is a remedy that is at the present time a little out of fashion, a trifle passé in the opinions of those who are struggling to keep up with the "new things." Finally, it is a remedy not very often called for by the symptomatic picture, and really requires judgment and discrimination in its use, that good, and not harm, shall result from its administration. The author speaks of its specific action upon the respiratory tract, and thinks that often veratrum viride presents, in its physiological action, the nearest simillimum to the first, or congestive, stage of pneumonia. It must not be persistently used unless its beneficial effects are promptly manifested, for it is only in the stage of congestion that it is indicated from a homeopathic standpoint. After fibrinous exudation takes place, it gives place to bryonia or some other remedy. The symptoms calling for the remedy are very similar to those present in the beginning of pneumonia: Full, strong pulse, flushed face, covered with cold sweat; difficult and labored breathing, convulsive breathing (almost to suffocation), expectoration of pus and blood. The tongue frequently has a red streak down the center.

Dr. Smith thinks that it stands above all other drugs for the cure of convulsions in children and in pregnant women. In the latter class of cases it slows the action of the heart, relieves the brain congestion, increases the flow of urine, and is one of our best remedies in puerperal convulsions. Veratrum has also won laurels in peritonitis. The late Professor Ludlam paid it a high tribute when he said that if he could see the patient in time, that is, before exudation had taken place, he thought he could cure every case of puerperal peritonitis with this remedy alone. A tincture that is old is useless and inert. To get prompt effects, one must procure a fresh tincture of this drug.

#### Restless Remedies.

Dr. Bernard Arnulphy: 14 The restlessness of rhus must be distinguished from that of aconite. The rhus patient is restless, unable to sit quiet, tosses about in bed, is somewhat apprehensive, but it lacks the agonizing mental anxiety, the

frenzy, as well as the great heat and fullness of the head, the brightness of the eyes, the acute congestion of aconite. With rhus there is a depressed, dejected mood, with coldness or cool perspiration of head, a torpid state of mind, without comprehension, a physical state of unrest; with aconite a mental unrest, primarily, with the physical as the result. As we learn about the fever of rhus it is already adynamic, not the asthenic form of aconite. Aconite presupposes a healthy blood, violently disturbed by cold, fright, suppressed discharge, a violent acute feverish disorder. Rhus is tainted blood, a weakened system, an asthenic remedy. Arsenicum is much more so, much farther along in the scale of prostration, and of blood poisoning, but its rest restlessness is anguish, mental primarily.

# Alcohol: Its Poisonous Effect in Certain Nervous Diseases.

Von Jauregg: 38 Alcohol does not affect all people alike. Yet it acts as a poison upon the nervous system, whether by an effect upon the nerve centers, or upon the blood supply. Individual disposition will influence the occurrence of delirium tremens, which is seen only after longcontinued alcoholism. Wagner von Jauregg believes that in chronic alcoholism a poison is produced in the body under the effect of the alcohol, causing tremor, vomiting, delirium, etc.; a poison which is undoubtedly due to the alcohol, yet it is not the alcohol itself, as more alcohol will cause the disappearance of the symptoms. Its real effect is seen after the alcohol has all been excreted. This he calls an alcohologenous poison. It resembles the poisons of bacterial origin seen in the infectious diseases. Leucocytosis occurs, with an increase in the polyneuclear and a decrease in the mononuclear leucocytes, with the sudden appearance of eosinophilic cells after the delirium is over. Then the polynuclear leucocytes decrease and the mononuclear leucocytes increase relatively, while the eosinophiles may reach an abnormal amount. These changes in the blood are much like those seen in croupous pneumonia. Albuminuria also is seen. poison has its maximum effect when no alcohol is taken. He advises continuing enough alcohol to prevent delirium, decreasing the amount gradually. Polyneuritis and the polyneuritic psychoses are also explained as the effect of this alcohologenous poison, just as they can be caused by the infectious diseases. As alcohol also causes indigestion, it acts as a double cause for the polyneuritic psychoses. But it is possible that, from the deleterious influence of the alcohol upon the liver, secondary poisons are elaborated in the liver, which, entering the circulation, cause these psychic manifestations.

# THE PULSATILLA BRUNETTE.

BY C. E. FISHER, M. D., CHICAGO.

The first materia medica lecture I ever heard was on pulsatilla, and I remember particularly the impression that was made upon my mind as the temperament of the drug was delineated. I was younger then,—it was thirty years ago,—and left behind me a blue-eyed, light-haired, fair-complexioned, and tearful young girl when I went away a thousand miles to medical college,—a very long journey in those days,—and all too plainly could I see her tearful farewell as the professor portrayed the pulsatilla picture, and in her recognize its type.

"Fair hair, blue eyes, gentle disposition, lax fiber, yielding temperament, never spunky, easily moved to tears." This was his pulsatilla, and 'tis the pulsatilla of all the teachers and all the text-books. Hundreds, perhaps thousands, of times in these thirty years have I thrown down the anemone because of the lack of presence of its typical disposition and temperament when many striking symptoms seemed to call for it, and I have no doubt that many of my colleagues have done likewise, so great is the stress which has been placed upon the fair hair, blue eyes, clear complexion, and gentle disposition indices in its temperamental pathogenesy.

But experience has taught me that pulsatilla has also a relationship to brunettes, and that the fact that the temperament is the opposite of the pulsatilla type is not a contra-indication to this remedy, if characteristic and totality symptoms

are present to call for it.

Miss W. is a brunette of brunettes. Her hair is black as the coat of raven, except that it is getting a little gray; her eyes are of the darkest brown; her skin is swarthy. She is forty, at times crochety, but usually well dispositioned and fond of her friends and of little people. She has long been a sufferer from dysmenorrhea, pseudo-membranous enteritis, constipation, and catarrh; has a slightly enlarged right ovary, which several of us have wanted to take out, and has withstood the best efforts of many of the ablest prescribers, osteopathic manipulators, and other healers of Chicago, in their attempts to cure her, which she has seconded by a faithfulness and intelligence deserving a good reward.

She is an exaggerated symptomatologist. Her aches are worse than those of anybody who ever ached before. Her pains are more plentiful and punishing than those of anybody who ever had pains. Her constipation is more obdurate than that of anybody who was ever constipated, and she finds more strings of muchs in her stools than any other alimentary tract ever manufac-

tured. For years she has been "full of catarrh, from lips and nostrils to anus and vagina." She has more fine stingings and stitchings and shootings and lancinatings than bees and needles and guns and scalpels could cause, and is altogether physically wretched and miserable and unhappy, though she delights in bringing pleasure and happiness to others.

Furthermore, when in pain she can't tell of it without weeping. Her lips will quiver and her eyes fill with tears as she recites her sufferings—and sufferings innumerable, both real and fan-

cied, she certainly has.

Over a period of years almost all other remedies likely to help such a case have been tried. Nux, ignatia, belladonna, bryonia, caulophyllum, cimicifuga, magnesia phos., viburnum, psorinum, plumbum, sulphur, chamomilla, sepia, senecio, arsenicum, platina, lycopodium, and others are now recalled, and used to little or no advantage. She had also been dilated, curetted, and generally orificialized.

Pulsatilla had several times come to mind, but the patient's type and physical temperament forbade its use. Finally, however, the quivering lip and tearful eye, strikingly dark though both were, demanded a hearing so plainly that "to the dogs," said I, "with the temperamental indices; here are the tears and the quiver, and pulsatilla goes." And it went—and straight to the mark.

One dose of the one-thousandth of pulsatilla, prepared by Boericke & Tafel, was given ten days before the menstrual epoch, and for the first time in many years the flow came on without pain; always agonizing heretofore, it stealing in upon her like a thief in the night, so quietly as not to disturb her rest. She passed a painless menstruation and reported, "I have had the prize period of my life."

During the next inter-menstrual interim another dose of pulsatilla, this time the one-millionth, was given her by Dr. Allen, and now the report is changed to read, "I have passed the prize month of my adult life, and my second painless menstruation." Her improvement is

general in all directions.

And thus it will be seen that pulsatilla will annihilate its symptoms in other than gentle-dispositioned blonds, and that when its pathogenesis is pictured in the patient, its powers for good are not negatived by race, color, or previous condition of servitude.

The American Physician is the title of a new publication under homeopathic auspices, announced for early presentation. New York is to be the home of its birth, and the editorial department is to be in competent and experienced hands.

### The Lower Uterine Segment.

W. J. SMYLY, M. D.,

Gynecologist the Adelaide Hospital, Dublin.

The title which I have chosen launches me at once into the troubled waters of a debatable question, namely, What is the lower uterine segment? From the very awkward dilemma of an open confession of ignorance, or an attempt to explain to others what I do not understand myself, I shall endeavor to escape by at once declaring that I intend to consider this subject from a practical, or rather from a practitioner's, point of view, rather than from the anatomist's standpoint.

An exact definition of the lower segment is in the present state of our knowledge impossible, and the nearest approach that I can make to it is in the words of Baver: "A portion of the uterus which before parturition resembles the body, and after it the cervix."

#### THE LOWER SEGMENT IN PREGNANCY.

In the early months of pregnancy the ovum does not fill the uterus, but in the latter it not only does so, but expands its walls by the eccentric pressure of the liquor amnii. At term the upper and lower parts of the uterine walls contrast markedly, the upper being thicker and more muscular, with a firmly adherent peritoneum, the lower much thinner, with less muscular, more fibrous, and especially more elastic tissue. There is no marked line of distinction, however, but the change is gradual; and there is, therefore, no contraction ring, but its future site is generally marked by the line of close peritoneal attachment and a large vein, the circular sinus. The peritoneum is firmly attached to the upper but separated from the lower segment by loose areolar tissue. In primiparæ at term the head is usually in the cavity of the pelvis, completely surrounded by the lower segment of the uterus.

#### THE LOWER SEGMENT DURING LABOR.

When labor sets in the contrast between the two segments becomes more marked. The upper, contracting, during the pains, retracts upwards over the ovum, becoming smaller and thicker as the process proceeds. The upper end of the lower segment is drawn up after it, while the lower end, being driven downward by the lower pole of the ovum, the walls of the lower segment vield and expand. The line marking the division between these two portions of the uterus, the upper or expanding and the lower or dilating zone, now becomes more abrupt and

distinct, and is called the contraction or Bandl's ring. The position of this ring at the commencement of labor is generally on a level with the pelvic brim; but as labor advances, and especially when it is obstructed, it rises higher in the abdomen, and may reach the level of the umbilicus, or even higher.

This structural division of the uterus into an upper contracting and a lower distensile portion is of the utmost importance in the mechanism of the first stage of labor; for if the organ were of equal strength throughout, the pressure, which is evenly distributed, would produce no mechanical result. But because the lower part is weaker it vields, and the lower pole of the ovum bulges into it. The lower pole of the ovum, therefore, descends and drives the lower part of the lower segment before it, but as the upper part is at the same time drawn upwards, there is a slip or motion in opposite directions between the membranes forming the lower pole of the ovum and the walls of the lower segment, in consequence of which they are separated from each other, and a little bloody discharge takes place called by midwives "the shows." elastic membranes cast off from the uterine wall as far up as the contraction ring, and containing liquor amnii, form the bag of waters, and as it is distended by the pressure from above, it is forced into and forms the chief dilating force in the expansion of the os and cervix. The force from above, however, is not the full force of the intra-uterine pressure, but is due to the descent of the presenting part. Were the membranes exposed to the full force of the contracting uterus, they would probably rupture, but they are saved from this by the lower uterine segment. In normal labor the head has already engaged the lower segment, and when it is driven further into it by the pains it acts like a ball valve, completely shutting off the forewaters from those which surround the body of the child. How the lower segment embraces the head during the first stage of labor has not with certainty been determined. But the fact that it consists largely of muscular tissue would seem to point to action, and it is probable that it actively embraces the presenting part during a pain. To illustrate: Supposing you flex your forearm upon your arm, the biceps contracts; but, if a stronger person forcibly extends the arm while you resist, the muscle, though contracting, is extended. Similarly the lower segment contracts upon the head while the latter distends it. Whether this be so or not, the fact remains that during a pain the lower segment so glosely embraces the presenting part that nothing is forced between, and this is one of the lindst hilportant functions of the lower segment? "Ay the os difates, the lower segment is gradually changed from a liemisphere

to a cylinder, and the child passes through it and is expelled.

#### THE LOWER SEGMENT IN THE THIRD STAGE.

In the third stage the lower segment and cervix form a continuous thin-walled, collapsible tube, which affords no support to the upper, which contains the placenta. The upper part, therefore, sinks down into the pelvis, the fundus usually standing about midway between the pubes and umbilicus. But when the placenta has been expelled from the contractile portion, it distends the lower segment and cervix, and the fundus is lifted up above the umbilicus. When this occurs, the distended lower segment can be easily felt above the pubes, and closely resembles a distended bladder.

These signs are now of considerable importance with regard to the management of the third stage of labor. Some time ago Crede's method was in vogue. It consisted in rubbing and kneading the uterus to induce contraction, and then expressing the placenta usually with the third pain. It was gradually discovered, however, that this active treatment was frequently followed by post-partum hemorrhage and retention of membranes, and that better results were obtained by waiting until the uterus, having expelled the placenta, remained firmly retracted. It then became an important matter to know when this had taken place, and this we can tell by three signs, two of which I have already mentioned—namely, the rising up of the fundus above the umbilicus, and the bulging of the lower segment above the pubes. The third sign is the protrusion of the cord through the vulva, and, in order to observe this the more easily, it is advisable to tie a ligature at the vulva, having previously drawn out the cord as far as it will go without force. When this ligature is found five or six inches away from the vulva, the placenta has left the uterus. This process usually occupies about half an hour, but Alilfeld urges a further delay of one hour in order to secure the complete separation of the membranes. In my own practice I always expel the placenta as soon as I am certain that it has left the uterus.

#### THE LOWER SEGMENT IN ABNORMAL LABOR.

The importance of the lower segment in normal labor is illustrated and emphasized by the unfortunate results in cases where it fails to perform its normal functions, or does so imperfectly.

#### PROLAPSE OF THE FUNIS.

When the lower segment firmly embraces the presenting part as it does in normal labor, not only does it prevent the liquor annii from being

forced past it, but as a matter of course other parts as well; but when it does not do so, as in the cases already mentioned, and also in hydramnios, where the uterus is so distended that the lower segment is separated from the head, and in placenta prævia, small and movable parts of the fetus, such as its limbs and cord, may be driven down. This is the only cause of funic prolapse with which I am acquainted. The sudden rush of liquor amnii which often accompanies the accident is not the cause of it, but results from the same conditions. A long and heavy cord could not enter a normal lower segment, and every cord is long enough to descend where other circumstances permit it to do so. 1 have frequently been told by students at examinations that the cord is liable to prolapse in pelvic narrowing, because the head does not fill the pelvic brim, but this is erroneous, because under no circumstances does the head completely fill the brim, and, as I have already explained, it is because the head, arrested at the brim, does not fill the lower segment that the latter, being forced away from it by the liquor amnii, allows the cord to descend. A consideration of these facts will explain why efforts at reposition so frequently fail, for so long as the cause remains the result will be the same.

#### PLACENTA PREVIA.

The lower uterine segment plays a most important part in all cases of placenta prævia, for not only is the growth of the placenta in this part of the uterus the essential feature of the condition, but its protection from injury during parturition is the principal duty of the medical attendant.

How the placenta comes to be developed in this part of the uterus is an interesting question. but it is most probably due to a low implantation of the ovum and to the involvement of the decidua vera and reflexa in its formation, and that these conditions result from endometritis is almost certain, since placenta prævia most frequently occurs in women who have borne many children in quick succession, who have had abortions, and who have suffered from menorrhagia and leucorrhoea, or, in other words, who are suffering from chronic metritis. When the ovum enters the uterus, it probably adheres to a part of the mucous membrane prepared for its reception. or slips into a cleft in that membrane; but when the membrane is rendered unsuitable by disease in that part it becomes attached elsewhere, probably lower down, and if this part be not quite healthy the serotina develops an imperfect placenta insufficient for the needs of the fetus. The placental formation therefore spreads further afield, involving the reflexa, or vera, or both.

In this way it may spread not only into the lower segment of the uterus but even into the cervix.

The development of the placenta upon the decidua reflexa is especially interesting, and explains a number of facts observed in these cases which would otherwise be unintelligible. example, the wide area covered and the extreme thinness often observable in these placentæ; and the position of the placenta over the os uteri: but they are easily understood when we remember the expansion of the decidua reflexa during the growth of the ovum and its union with the vera in the lower segment. It also explains some cases recently published in which, though the placenta could be distinctly felt through the os, there was no hemorrhage during labor. In some cases of uterine catarrh the reflexa fails to unite with the vera, and if this occurred where the placenta had developed upon the former there would be no vascular connection with the lower segment and therefore no hemorrhage.

In the vast majority of cases, however, the reflexa and vera unite, and the placenta derives its vascular supply from the lower segment; and as it is only a specially modified portion of the fetal envelope, when situated at the lower pole of the ovum, it behaves as a part of the membranes, that is to say, it is separated from its attachments as far up as the contraction ring just as they would be under similar circumstances. The vessels of the placental side are thus torn through, and violent hemorrhage is the result. These hemorrhages usually commence about the seventh or eighth month of pregnancy, slight at first, but recurring with increasing severity. In some cases, however, there is no loss of blood until labor sets in, and these are generally cases of complete placenta prævia, and are probably cases in which, owing to the abnormal resistance, no lower segment is formed during pregnancy. Hemorrhage is the only symptom, and the chief danger in placenta prævia, and to arrest or control it is the chief duty of the medical attendant.

I have often been told by practitioners that they were astonished at the dilatability of the os in cases of placenta prævia, and the ease with which the fetus could be extracted, but I think it would be more correct to say that it is surprising how easily the cervix and lower segment of the uterus can be lacerated, and we should remember that the extraction of the fetus is only opposed by a thin and easily-ruptured portion of the uterus, still further weakened by the placental site, and so highly vascular that its laceration would entail a hemorrhage difficult or impossible to control. It is not easy to understand how hemorrhage from such a placental site is ever controlled by nature.

The high mortality which attends placenta

prævia is, I believe, due more to a disregard of these important facts and consequent improper treatment than to the inherent dangers of this complication.

The chief causes of death have been hemorrhage, septic infection, and entrances of air into the veins. Hemorrhage has proved fatal either from prompt assistance not being at hand or from misdirected efforts to control it, and among the latter I would include the extraction of the child through an undilated os, and the use of the vaginal plug, which imperfectly controls the hemorrhage, and by prolonging the process materially increases the total loss. Its use also increases the risk of septic infection.

The method introduced by Dr. Robert Barnes is more scientific and much more successful than either version and extraction or the vaginal plug, but the separation of the placenta, entailing as it does unnecessary fingering of the placental site, is contrary to our modern views of aseptic midwifery.

The modern treatment is simple and effective and eliminates almost all the risks. It consists in rupturing the membranes and bringing down a foot at the earliest possible moment, the body of the child pressing on the placenta acts as an efficient and aseptic plug, and the membranes being ruptured no further separation takes place. The great advantages of this method are that it completely arrests the hemorrhage, that it involves but slight manual interference, and that such manipulations as are necessary are conducted within the membranes, that the child is not extracted, but its expulsion is left to nature, so that the cervix is not torn, the uterus remains firmly retracted and the placental vessels securely thrombosed.

In carrying out the procedure the patient should be placed upon her back, since the lateral position favors the entrance of air into the veins. If the lower extremity does not present, the child must, of course, be turned, and preferably by external manipulation, but, failing this, by bipolar version. The vagina should be rendered as aseptic as possible before the introduction of the hand, but no poisonous antiseptic, such as corrosive sublimate or carbolic acid, should be used, since the close proximity of open blood vessels renders their use peculiarly dangerous. Very rarely is traction on the foot required, and then only sufficient to control hemorrhage. In no cases should the child be extracted.

The comparative merits of the different methods of treatment which I have mentioned are no longer open to discussion, but are established by ample statistical proofs, and a definite mortality attends the employment of each. There are two conditions in which the treatment which I have

advocated is not advisable—first, where the head has passed the os and can be more safely delivered by forceps; and, secondly, where the os is not sufficiently dilated to admit two fingers. In such cases I should advise the plug, but they must be exceedingly rare, for I have never met with one myself.

# THE LOWER SEGMENT IN RUPTURE OF THE UTERUS.

The lower segment of the uterus is the part most frequently involved in rupture. The accident is sometimes due to an abnormal weakness in this part of the organ which has been attributed to chronic metritis or fatty degeneration; but although this is probably true, it has not yet been directly confirmed by post-mortem examination. In such cases it may occur suddenly and quite unexpectedly and even before the rupture of the membranes, but, as a rule, rupture is preceded by violent and prolonged efforts to overcome an obstruction. In such cases the upper part of the uterus, contracting strongly to overcome the resistance, retracts over the fetus, driving it into the lower segment, which consequently becomes over-distended and its walls thinned out until at last they give way. The signs of impending rupture are under these circumstances sufficiently evident; on palpation the contraction ring can easily be felt at or above the level of the umbilicus running obliquely across the abdomen. The part of the uterus above it is thick and firm and fetal parts can scarcely be distinguished within it, while below it, on the contrary, they can be felt with unusual ease. The round ligaments stand out like firm cords, but only one can, as a rule, be felt. Where these symptoms are present the walls of the lower segment are stretched to the bursting point, and any attempt at version would be attended with serious risk; indeed, the mere introduction of the hand in addition to the body of the fetus has determined the catastrophe. application of forceps would be almost equally dangerous; indeed, under any circumstances the use of this instrument before the full dilatation of the os and before the head has passed the brim is extremely hazardous, and has frequently caused a rupture of the cervix extending into the body of the uterus. I have already mentioned, in speaking of placenta prævia, the risk which attends extraction of the child through an impericetly dilated os, and the same remarks apply in a minor degree to the same proceeding if carried out under other circumstances, especially in cases of accidental hemorrhage, and I cannot see why a practice which yields a mortality of twenty per cent, in the one case should have much better

Lastly, there is a form of rupture of the lower segment owing to the crushing and subsequent necrosis of its tissues between the head and the pelvis. It is not so easily recognized as the other forms, because symptoms do not appear until some time after labor, when the sloughs separate and a utero-vesical fistula reveals the fact, or a fatal peritonitis carries off the patient. In these cases also the forceps has caused most serious injury, the crushed tissues so easily giving way that part of the entire cervix has been torn off.

# Consulting and General Practice.

J. DUNDAS GRANT, M. D.

The consultant has often a very great advantage over the family practitioner. Apart from the more leisurely and important nature of his investigation, there has often been time in the interval between his being summoned and his arriving for changes to take place which render the diagnosis easy; as, for instance, the sneezing or rash of measles explaining at once the convulsions which have been puzzling the family practitioner, the crisis in pneumonia, the discharge in suppurative inflammation of the middle ear. I was formerly much struck by the ease with which I seemed to arrive at the diagnosis in cases of obscure disease in which my neighbors did me the honor of calling me in consultation, as contrasted with the difficulties I had in analyzing my own cases. I came to the conclusion that a man called into consultation with his mind screwed up to the pitch of concentration in a particular case, seeing it for the first time, when its features were fairly developed, was in a much more favorable position for diagnosing it than he who had watched its gradual development from the outset, when its seriousness was not yet pronounced. There is need, then, for the charitable—I may say honorable—consideration on the part of the consultant towards the practitioner placed at such a comparative disadvantage. On the other hand, the ablest consultant is sometimes called in for a single examination of a case at a time when its nature is too obscure to allow of an absolute diagnosis; the family practitioner may at a later date witness the changes which may reveal its character, and form an unfair opinion as to the judgment of his colleague.

Patients who gag under the touch of even a wire tongue-depressor may be made to open their throats by looking at themselves in a hand-glass, when the physician can simultaneously obtain an unobstructed view.

#### THE ORIFICIAL JOURNAL.

In his "A Final Word," which occupies several pages, the editor tells how and why it all happened—the disappearance of his journal from the professional table—when most any good editor could tell it in very many less words. The editor leaves to us, his brethren, his blessing, with three wishes: First, that the gynecology and the rectal specialists get together and coin a new word by which to call themselves, since a rectal specialist is, in effect, a gynecologist, and a gynecologist is a rectal specialist; second, that the exchanges take up and recommend manual therapeutics; and, finally, that there be introduced into the medical colleges a chair of suggestive therapeutics.

The first is impossible, for the reason that no man or body of men can, by taking thought, change the name of anything after it is once thoroughly well grounded. This is true of everything. A nickname will stick to a man to the end of his days, mattering not how much he may object. Hering tried to change china to cinchona. How many of to-day's practitioners call it cin-

chona?

For the second and third there seems to be no inherent difficulty, except that it will take education. Very few physicians, as now trained and educated, would dare speak of treating a case with suggestive therapeutics, or of applying osteopathy. That both have a great measure of value goes without saving. But that doesn't sav that we, of the present generation, will live to see the day of their general acceptance as medical

We regret to see the Journal of Orificial Surgery disappear. It was an honest journal, edited by honest people. They fought for a principle in surgery which, before the advent of Pratt, was little known, and which, but for his championship and his sledge-hammer blows, would still be a mere fad. As it is, it has become a power in surgery, which all schools have long

since recognized.

We disagree with the eminent doctor in his belief that journals do not fill the place of the well-written book. We believe sincerely that the journals are the real text-books. Look but at the bibliography in the preface of any progressive text-book, and see where the credits are given. Text-books, in the main, are recapitulations of the living idea struck out in the heat of combat by the little old-fashioned doctor in the country, or his surgical brother in some direful moment between the asphyxiation of the patient and his resuscitation. Some of the best discoveries of the world's histories resulted while prosecuting the search in some other direction, and are found in the current magazines. No man could dare to keep secret a discovery long enough to

put it in a text-book.

To kill an idea embalm it in a wordy book, bind it well, and send it to the library. Then it is dead indeed. Examine the library of any doctor, and estimate the value of the many linear feet of books spread along the wall. Don't we know that thirty-three per cent. of them wouldn't bring their weight in old paper? Apply the same principle to any library and what do we Deadness, dryness, dust. The life of a book is short—in this age of easy writing and easier printing and binding. The man of affairs reads no books from the library. He belongs to the Book-lovers' Club and has the latest books brought to his door. He reads them between times, and has forgotten the characters in "Janice Meredith" when he gets interested in "Alice of Old Vincennes." There are some books which everybody loves—books that were written in a time when book-writing was novel and men gave their lives to the proper exemplification of an idea. But to-day, with a rapid stenographer, a good typewriter, a kodak, an encyclopedia, and a little leisure, a \$1.50 book may be put together in from eight to ten weeks; and it lives just about that long. The present is a magazine-reading generation. The latest novelty in science, and in everything else, is dished up in most attractive words and pictures, and is read at the breakfast table, or while riding from the buckwheat cakes to the office.

That this unhappy fate will overtake Pratt's books we hope and pray may not be. But since so many of the colleges teach orificial work under one and another form, without giving credit to Pratt, it is not difficult to prophesy that, unless he goes back into everyday literature, he is apt

to live long enough to be forgotten.

For Dr. Pratt, personally, we have the greatest measure of affection and respect. We saw him at the beginning of his struggle for the supremacy of his discovery; and had he not been the powerfully physiqued and brainv sympathetic man he was, he could never have withstood and lived up under the assaults made upon him and his orificial work. No small man, physically, could have lived through it. It was his exuberant health that gave him the power to fight his enemies. Have we, or any who were present at that meeting, forgotten the attack made upon him in the American Institute at one of its Saratoga meetings? Haven't we, many or all of us, been present when he stood in State and local societies like a lion at bay, his bald top gleaming as they say John Quincy Adams' used to glow in the Senate, wearing out one handkerchief after the other, answering and fighting his calumniators and burlesquers. Now he tells us that, since he has established his child, he will withdraw from the fighting-line and let the child do its own fighting. Alas, for the vanity and hopelessness of human beliefs! Life is a perpetual struggle. It is a perennial warfare; and that man, however great he may have been, who hopes to withdraw from the struggle, and, for the remainder of his life, proposes to take it easy, miscalculates! It will be a repetition of the blacksmith who, having reached independence, sold his old smithy to his apprentice and thereafter proposed to sit neath his own vine and fig tree and take life easy. But the legend goes on to say that in a little while he crept back, and asked for permission to blow the bellows occasionally.

We are soon forgotten, dear big-hearted, hard-headed brother of the journalistic pen. And of all life's misfortunes, none is greater to a once great man than to feel he is no longer needed in the world. Have we forgotten Bismarck? Or

Napoleon?

In his new field as a book-writer we wish him God-speed and great happiness. But we miss our guess if he is not found, ere a twelvemonth has been added to the other innumerable twelvemonths, in the journals here and there, smashing heads with the impartiality and abandon of an

Irishman at Donnybrook.

But in all this we have not a word of unkindness for the man Pratt. We love him, and will be glad to see him in every journal of the land at frequent intervals. The American Homeopathist welcomes him. And may his cheeks continue red, and his eyes bright, and his heart young and warm long after we, and many thousands of others, have been gathered unto the Great Majority.

## REPORT OF COMMITTEE ON MEDICAL LITERATURE.\*

BY FRANK KRAFT, M. D., CLEVELAND, CHAIRMAN.

The following list of books has been compiled from reports furnished by the several book-printing and publishing firms of the United States. Some of these, as will be noted, are second and other editions, while the majority are original publications. One or two of these books are herein noticed upon the statement of publishers, though the appearance of the volumes in the profession is not heralded through the homeopathic press, or, at least, only through a few favored journals.

[Here followed the list.]

From among this lot of new books we desire to speak in especial of four which seem to be worthy of extra homeopathic appreciation; though, by so doing, no invidious comparison is intended as to the remainder. Imprimis, there is that new book by Dr. W. A. Dewey of Ann Arbor, "Practical Homeopathic Therapeutics," which is deserving of especial reference because of its many excellencies from a homeopathic standpoint, and because of its very practical arrangement for ready and quick consumption. It is rapidly following in the footsteps of the other Dewey classics, and finding a front place on the worker's bookshelf. Coming close upon this is the latest book by Dr. William Boericke of San Francisco, " A Manual of Materia Medica," which is valuable because of its compactness and its high, but absolutely correct, condensation of all that is primarily valuable in each remedy. This book may be carried in the hip-pocket, and yet is a small encyclopedia for reference. Next comes the book of a past-president of this Institute the ever-popular and well-known homeopath, Dr. Selden H. Talcott of Middletown, N. Y.,-"Mental Diseases and their Modern Treatment." This is cast in the lecture-form,—the You-and-Iform,—and necessarily contains all that is attractive and magnetic in the style and topic of this charming writer, author, and teacher. We are glad to learn that it is a popular book, and will, in time, take its place as a homeopathic classic. One more book to be specially noticed is the "Manual of Materia Medica" by Dr. J. C. Fahnestock of Piqua, Ohio. The doctor does not advance this as any new thought on this much written-upon subject, but offers it mainly for its different and, to him, more practical arrangement of the remedies, and their chief characteristics. "These four, and no more," "at the present writing," will interest the Institute membership, because, as is to be noted, they deal with the homeopathic part of our profession, and continue to exploit and recommend the wonders of our materia medica, and hence the wonders of homeopathy.

In passing, though not an American publication, we will also speak of Dr. John H. Clarke's "Dictionary of Medicine," which is before us in its first volume, containing about one-half of the remedies. (An American edition is issued by Boericke & Tafel, so that it is entitled to more than a passing mention.) Dr. Clarke, who is also the eloquent editor of the (London) Homeopathic World, has done his life-work in the collection of these widely scattered remedies and in putting them before the profession in such compact form. Only an editor with all homeopathic exchanges passing through his shears could find the opportunity to collate these diverse remedies. Dr. Clarke makes use of the clinical symptoms

<sup>\*</sup> Presented to the Am. Inst. of Hom., Richfield Springs,

as well as the well-proven homeopathic symptom, carefully differentiating the two. It is a superb work and deserving of recognition by the American profession. Dr. Clarke, although an Englisher, is almost an American in thought, taste, and feeling; and everything issuing from his pen is worthy of every homeopath's study and consideration.

And again touching a foreign product, this time from France; we refer in passing to Dr. John Arschagouni's translation of Dr. Pierre Jousset, Sr.'s, "Practice of Medicine." This is a valuable résumé of a long and successful lifetime's homeopathic practice, and the translation carries with it the true spirit as well as the correct

wording of the distinguished author.

In the field of medical journalism but little need be said. All the homeopathic journals in existence at the time of our last session are still with us, save one,—the Homeopathic Physician, —which seems to have disappeared from the professional table. It's absence may not however be indicative of final disappearance, since its regularity of appearance for some time past consisted in its irregularity. It was an ultrahomeopathic journal, and died, if it is dead, from, possibly, too much anti-vaccination. Another, a Western journal, became infected with this same disease, plus another of the modern crazes, and for a space of time was like to disappear; but a judicious reconsideration of its policies has put it back into the proper homeopathic fold, and freed of the danger of fadicide. The Medical Advance, after many years of ups and downs,—principally the latter,—has returned to Chicago, with Dr. H. C. Allen again its editor. Under his efficient guidance the new series promises once more to take up the law of progress; to make a point which vesterday was invisible, but is its goal to-day, and will be the starting post for to-morrow. The Medical Century, at the beginning of the calendar year, was sold by its former owner and editor to Dr. W. A. Dewey of Ann Arbor, who, with the January issue, took full charge, with the excellent results already apparent to the membership of this Institute. Dr. Clarence Bartlett of Philadelphia has been returned to the helm of The Hahnemannian Monthly, where he was formerly, but is now become its editor-in-chief. The Homeopathic Journal of Obstetrics has also changed editors, from Dr. Underwood to Dr. Honan.

The measure of ability and virility inhering in the editorial writings of our journals, as well as that found in the chieftest contributors, is on the distinct and gratifying increase. Our journals, with their leading editorials and star-papers, have no longer occasion to beg for subscribers. We find that the old plea of "it is your duty to subscribe in order to support the school" is no longer

in evidence. Every journal seems able to stand on its merits, and flourishes in more or less of affluence and influence. Into many of our homeopathic journals there is creeping a feeling of modern-day-ism in the way of discussing the policies and politics of the school, of the profession, and of the Institute; so that the profession is no longer regaled or punished, or both in turn, by long blanket-sheet papers on strictly iron-clad ethical matters, or kindergarten essays; but the rather with spicy, piquant exploitations and recitations of matters-medical, pertinent to the whole medical field, and brought down to the instant moment. There is a frequent measuring and crossing of editorial rapiers, with a resultant striking out of scintillating sparks, but which, like the electric spark, clears the overcharged atmosphere, and always and ever tend to the better interests of the homeopathic school, the upraising of the standard, the betterment of some cherished institution, or the breaking down and destroying of feticles of the long ago past; so that, eventually, the end is good, no harm results, but the rather impetus is given to thinking and more thinking on the part of the whole profession. Take the American Institute as one instance in point. Fifteen years ago the doings of this body of men and women in convention assembled found an occasional notice in some of the better journals of the East, as, to-day, a distant State society secures a few lines of notice of its meeting. Gradually, under the efforts of the foremost of the homeopathic editors, this noble American Institute of Homeopathy has taken a first place in every homeopathic journal, and every one of its acts is scrutinized and criticised, appreciated or condemned, by the whole profession; and criticism is life. And where, in the not very distant past, some few of the editors not only did not belong to this Institute, but on every occasion gave it the "silent space," if they did not in actuality belittle and deride its policies and purposes, so to-day no prominent writer, or editor, can afford not to be in membership with that Institute, or for any long period dares turn his pen and influence against its best possibilities.

In conclusion, then, your committee crystallizes its work in a Report of Improvement all along the line in the matter of new homeopathic books, of second and other editions of former well-established books, and advancement in everything that pertains to medical literature in homeopathy.

### WHY THIS EXODUS?

In the current number of Arndt's Pacific Coast Journal of Homeopathy we find that thirty-three good and sufficient men and women have applied for and received license to practice medicine and surgery in California. Among this list we find the names of familiar people, whom we, and the profession generally, supposed were anchored safe and fast in their well-known home bailiwicks, who could not be dislodged except for cause. Here, for instance, we find the names of

T. Griswold Comstock of St. Louis, who was graduated in 1851, known from one end of the world to the other as Master in Obstetrics (Vienna) and honorary member of perhaps every homeopathic college of the world;

William Lawrence Woodruff, the Consumption

Sanitarium Man of Phœnix, Arizona;

Lizzie Gray Gutherz, the many-times Secretary, and one-time President, of the Southern Homeopathic Medical Association;

L. G. Van Scoyoc, the Orificial Expert of

Kansas City;

And last, but not least, Handsome C. Aldrich of Minneapolis, the ever-smiling and urbane Registrar of the American Institute.

Why:

If this had been,—this application for license,—coeval with the Governmental lottery for corner lots in Oklahoma, or in that district, we would understand. But that all these men and One Woman, so well and so favorably known, and now found in the above list, should remove to California is startlingly novel and surprising to us.

What's up?

Is there about to be passed some horribly stringent law in California which threatens to close its doors against the "States"—as California used, in the early post-war-times, to refer to the other States of the Union?

And are these afore-mentioned physicians casting an anchor to the windward for the fu-

ture?

Or have they, in very fact, pulled up and piled up their penates and lares on "schooners" and gone West to grow up with the country, or bust?

It is certainly a very singular move—and needs

explanation.

#### MISSPELLING OF NAMES.

For some time past we have been "chewing the rag," because the wooden-headed, but lynx-cyed proofreader of the Pacific Coast Journal of Homeopathy has been spelling our distinguished patronymic with a hard C, instead of a soft K. Expostulations at the editorial box-office proved unavailing. Now we feel better since we discover that in the last issue this same leather-headed party, already referred to, got in his work in good and ancient style.

He tells us that James C. "Woods" is the President-elect of the American Institute of Homeopathy. That Dr. A. C. "Cooperthwaite" was elected President, vice Dr. J. R. Kippax, resigned (but fails to tell us of what, to what, or from what). That Rush Medical College of Chicago is to have an addition, to be called Nicholas Tenn Hall. That "President-elect Wood made the following appointments to chairmanships of bureaus. . . W. H. Van Deuberg, New York; H. F. Boggar, Cleveland [to gynecology] . . The Committee on the Revision of By-Laws consists of Drs. F. Y. Kenne. . ."; when it is fact known to every Institute member that the incoming President makes no appointments until he is an outgoer; and that President-elect Wood would not be very apt to appoint Dr. H. F. "Boggar" to anything outside of the county

He adds insult to injury, does this left-handed, squint-eyed proofreader, by speaking of Cleveland as "Cleveland, (O.)." And a wonderful operation upon a thirteen-year-old girl in the eighth month of her pregnancy is referred to as

a "caesarion section"!

Oh, we are awfully glad of all this! We wonder what "Woods" and "Cooper . . .," "Van Deuberg," "Boggar," and "F. Y. Kenne" think of it. It saves us the necessity of killing and burying this journal again, as we had the pleasure of doing some years ago. Conduct of this kind by this pigeon-breasted proofreader will bury the Pacific Coast Journal deeper than ever plummet sounded. And we are even once more! Now spell our name correctly: will you?

# DR. T. Y. KINNE AT THE MEMORIAL SERVICES.

It is meet and right and our bounden duty at all times to remember the uncertainty of life. the brevity of our earthly existence, and the certainty of the life to come. It is equally incumbent upon us at some times to withdraw from the turmoil of the world, the cares that press upon us, the burden that weighs us down, and the work to which we are called amid the rush and turmoil of existence, and quietly, calmly, let memory have its play; and thus dwell in thought upon those who once were with us in the body and now, we fondly hope, while absent, are still present with us in the spirit. Let us think of them and recall the influence which they have exerted upon our lives and upon our work. Let us recover the words they have uttered, and bring to bear upon us individually the examples which they set, and remember that this life with its work, and its care, is but a preparation for

the life which is to come; that as we use the opportunities presenting themselves, so shall we be the better fitted for the work, the love, and the enjoyment which is awaiting us. Let us so live the probation here that we shall be enabled to enjoy the certainty and the perpetuity of the hereafter. Let us so work in our association with others, and those to whom we are called, that we shall be more tender in our care, more pure and self-sacrificing in our love, more earnest in our endeavors to follow the example of Him who went about doing good; so that our lives shall have the consciousness of well-doing; and as we pass down the stream of life out into the ocean of eternity and to the harbor of rest, we shall be enabled to sing songs of praise which will be met and supplemented with a chorus of victory sent out by those who have preceded us; and as we view the battlements of our eternal home we shall find our names enrolled there in letters of living light as those who loved their fellowmen. So thinking, so loving, so hoping, so trusting, we shall at last be accounted faithful servants of Him who sent us here. As he whose duty it is reads in your hearing the names of those who to us are lost, there will come almost the image of those whom he recounts. It will help us; and so when the time comes for us to lav down our labor and take up our rest, we shall do so in the consciousness of well-doing, of duty well performed, and rest in the joy of our eternal home.

### Book Reviews.

Practice of Medicine. Containing the Homeopathic Treatment of Diseases. By Pierre Jousset, M. D., Physician to St. Jacques Hospital; Professor of Clinical Medicine; President of the Homeopathic Society of Paris; President of the International Homeopathic Congress, held at the World's Fair, Paris, in July, 1900; Fellow of several Scientific Societies; Ex-Interne Laurcat (Gold Model) of Paris Howitzley.

Medal) of Paris Hospitals, etc.

Translated from the Third Revised and Profusely Enlarged Non-Published French Edition, with valuable additions and annotations by John Arschagouni, M. D., Graduate of Hahnemann Medical College and Hospital, Philadelphia, Pa.; Formerly Resident staff Hahnemann Hospital, Philadelphia; Ex-Senior Interne at Ward's Island Homeopathic Hospital, Ward's Island, New York, and at Five Points Children's Hospital, New York; Physician to the New York Homeopathic Medical College and Hospital Dispensary; Member of the American Institute of Homeopathy, the County Societies of New York and Philadelphia, New York Pædological and Materia Medica Societies; Fellow of the Academy of Natural Sciences, Philadelphia, New York Medico-Legal Society; Corresponding Member of the Societe Française d'Homeopathie, Paris, etc. Cloth, \$7; leather or half morocco, \$8. New York. A. L. Chatterton & Co. 1901.

Dr. Jousset is not an unknown physician in America, though, of course, his greatest fame is in his own country. But from the beginning of our apprenticeship as a homeopathic physician, and even as student, we often met the name of Jousset in our studies; and soon learned to regard it as of exceptionally great value to whatever it was affixed. We had the rare pleasure and good fortune of being at the Paris International Homeopathic Congress, 1900, and there saw and heard Dr. Jousset as he presided over that congress of many nations, each present to represent the homeopathy of his particular country. There is an easy absence of formality in these foreign Congresses which catches the breeze-loving American. This consists in the presiding officer taking part in the discussions without getting down from his platform. That is to say, he participates in the desultory discussions between the combatants without releasing his hold on the official chair or gavel. We saw this done in London and also in Paris. In the latter place Dr. Jousset, the President, took part in every discussion; questioning and answering from his platform in reference to every paper. We remember, however, that, when it came to the reading of Dr. Biggar's paper on Brain Surgery, he requested Dr. Kraft to read the same in the French (which we declined to do), and, in our default, our friend Dr. Léon Simon took it upon himself to read the French précis which had been previously prepared; while the many charts prepared, in heroic size and artistically colored, were suspended from the long tribune or table at which sat the various officers of the Congress. During Dr. Simon's reading he would pause, walk over to the specially referred-to chart, and indicate the special point in question. At its conclusion we were again asked by the President to open the discussion; and, again in our default, the President himself, Dr. Jousset, left his tribune, walked down the full length of the tables, and out in front, and at once entered into a spirited discussion on Brain Surgery, which a sitting member informed us was a fine tribute to Dr. Biggar and his able paper. It is quite charming to find so agreeable and so scholarly a gentleman and physician before us as the author of this "Practice of Medicine," and that, too, in English. We make no doubt whatever that his latest work in this respect is coeval with his reputation as a learned physician and author, and that in the able hands of Dr. Arschagouni, whom we have the pleasure to also know personally, it will prove a wonderfully satisfactory book. A desultory reading of the Contents discloses that this book of nearly 1100 pages contains everything by name and treatment with which the trained eve and ear of the physician of the present day are familiar. Every subject has been invaded; and, thus invaded, has been thoroughly explained and lucidly discussed. It makes a fine

working-dictionary for the practical physician. It is arranged in books and divisions, and subdivided, with a practical index for quick reference. We have studied here and there in this volume, and have uniformly risen from our browsing with satisfaction and in the conviction that this is a homeopathic book true and good; and that every homeopathic physician of the world should possess it. It is well printed and bound, and makes an attractive volume. Too much cannot be said for the excellency of translation. It is not often that a perfect linguist and at the same time a skillful physician can be secured in one and the same person, as was the case with Dr. Arschagouni. Dr. Jousset is to be sincerely congratulated upon having secured the distinguished services of this notable translator. We are glad to commend the book in every particular. It is homeopathic and scientific. It cannot grow old nor its treatment go out of date, for, being built upon the Rock of Homeopathy, the winds and the waves of modern skepticism cannot prevail against it.

Cancer of the Uterus: Its Pathology, Symptomatology, Diagnosis, and Treatment. And the Pathology of Diseases of the Endometrium. By Thomas Stephen Cullen, M. B. (Toronto), Associate Professor of Gynecology in the Johns Hopkins University. With 11 Lithographic Plates, and over 300 Colored and Black Illustrations in the text, by Max Brödel and Hermann Becker. New York: D. Appleton & Co., 1900.

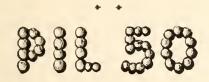
This is a book of superior merit. It is one of the finest in every particular, composition and illustrations, that we have had come to our desk for many a long day. The typography is unusually fine, even coming from so well known a printing-house as the Appletons'. The illustrations in black, by Brödel and Becke, are truly works of art—so perfect is their treatment of the matter in hand. We have not selected these illustrations first because the work itself of Dr. Cullen is inferior; but only because the form of illustrations is so very fine, and so superior, that we have gone out of the usual book-review course and begun with the pictures. But everybody—every progressive physician and surgeon -knows full well that this book is most excellent, coming from the pen of so distinguished an author. Here and there, as we have had the time to read his descriptions of the forms of disease especially under discussion, we have risen with the impression that it was a master hand which wrote this book. It shows its learning and its skillful arrangement in every page. It is up to the very latest on cancer, and, while directed to the specialty of the uterus, its pathology, as also its treatment, will not be far out if applied to cancer in other situations about the body. There is everywhere apparent a desire to put out of sight the author, while pushing forward that for which he is writing. There are no "kodak" pictures in this work. They are done from living subjects and by a master pen and pencils. We had the great pleasure of being a fellow-voyager with Dr. Cullen on his return from Paris (where he had attended the Medical Congress of his school). We met on the steamer l'ancouzer and had many a pleasant chat with the distinguished author about his work and about his work in Johns Hopkins, as well as in the profession generally. We found him an elegant scholar; affable, modest, a good conversationalist, a good story-teller, and one who enjoyed being with his fellow-men in the cabin or on deck; he was an excellent sailor; he was no recluse; he did not seem "sicklied o'er with the pale cast of thought "; but the rather bronzed with the tan of foreign and ocean travel, and a jolly good fellow generally. The acquaintance there formed has not diminished by absence, and the receipt of this book but adds to our former very pleasant impression of Dr. Cullen's skill and ability. From all which it may be reasonably inferred that we like the volume and hope it will prove the success which so good a book always commands. If you are near a medical book-shop call for Cullen's "Cancer of the Uterus," look through its pages as you stand at the counter, and the chances are that you will agree with us that you need and ought to possess this book.

Proceedings of the Massachusetts Homeopathic Medical Society for 1900.

The Transactions of the Ohio Homeopathic Medical Society for 1900.

These two volumes give the best that is in the profession in these two States. It is a common observation with some of the more progressive, " scientific " homeopaths, that the papers so presented are usually of the long-winded, text-book order; or else the "hogwash" of learned operators who take this prime opportunity to exploit and advertise their latest heaven-invented technique. And hence, these later, alleged Hahnemannian disciples will not have to do with the State societies; nay, nor even with the American Institute. In some part, and sometimes in great part, much of this criticism is just. It is a noted fact that some of the letter-perfect, carpet-knight professors will present long, dreary papers, a condensation of several thumbstained lectures to the undergraduates, and insist upon reading such "original" effort to the uttermost line on the last page, though but a half-dozen members remain in the audience. There have been also many exhibitions of extreme selfishness and selfadvertising in the societies when the surgeons and gynecologists have taken up much time, and shown off their dexterity as well as the speci-

mens removed from the victims, to the extreme tiresomeness of the remainder of the audience. But, in the main, the societies, State and National, are for the betterment of the profession; and without them, there would soon be no organization, either offensive or defensive. The instances of selfisliness and self-pride referred to above are the penalty which the rest of us must pay in order to secure the benefits to be derived in a general way for our profession and for homeopathy. In order to enjoy security and peace and the pursuit of happiness we each agree to surrender somewhat of our liberty and comfort, in order that the greater good to the greater number may insure us greater protection. Hence we permit, though we do not encourage, the bore and the advertiser. However, that has but little to do with the worth of these two books before us. They are both well edited and printed and bound, and both contain papers of rare merit and excellence. Don't put your State Transactions upon your shelf until you have looked it through and appreciated what it contains. Many times gems of purest ray serene are found in its pages.



# The Attendance at Richfield Springs.

Of the attendance at Richfield Springs not much can be said. The registrar, in his official report, stated that it was the smallest meeting in ten years. What was also apparent was the scant attendance at the sessions. Thus, out of a total registration just short of 300, and on the day of the annual election, when 255 members voted, there were but 60 members present at the general meeting of the Section in Clinical Medicine—the section in which one would presume the most members would be interested.—Hahnemannian Monthly.

And there was no politics—none whatever, so please you! Our bright-eyed brother of the Hahnemannian doesn't see at all, at all, that the men who usually make up the Institute meetings, fearful of some political quarrel, stayed at home—thanks to the publication of the Deadly Parallel and othersome kindred peace-invoking manuscripts; while the others, the well-drummedup voters were there, at the election, and having voted, disappeared again, back to the modest retirement of a professional two-dollar-a-day prac-

tice from which non-interested, non-political politicians had seduced them to appear long enough at Richfield Springs to "save" the Institute from the hands of the bold, bad, buccaneering ring, and, worse, "machine," which was making ducks and drakes of all that was worth saving in the homeopathic profession—after the scientific specialists had had their pick! And they came. And they attended the caucus. And they sat up nights. And they voted as they had been instructed. And they didn't come for any nonsensical homeopathy. And they didn't stay long enough to get any. And that was their conception of duty to the homeopathy-exploiting American Institute! Verily, verily, great is the power of the print-shop—when the output is put on the market to destroy the confidence of a profession in its chiefest organization and its formerly well-accredited officers! Are these pamphleteers satisfied with the result? Did they expect anything else but a voting-crowd at Richfield after prophesying evil of all sorts, sizes, and dimensions? Did they expect the dog to escape hanging after having given him a bad name? Sir? Well, then, stop "belly-aching" about the scant attendance and the lack of interest in medical sessions.

### Nothing Unusual in This Procedure.

In Paris, near the center of the city [says L. E. R., in the Electric Med. Jour.], are two buildings set aside for the raising of delivered children. These incubators are in charge of reputable people, and they keep constantly on hand a very liberal supply of infants in the different stages of development. It seems to be a matter of business with the proprietor of these places—enfants couversue.

We have read this over several times and see nothing very peculiar in the way they do in France from what is done in America. The "raising of delivered children" may be a novelty in France, but in America those are the only kind that are raised, namely, "delivered" children. The undelivered ones give the state no special trouble or concern.

### Globules.

—The appearance of the portrait of Dr. J. C. Wood in Harper's Weekly has given a few people a peculiar kind of heartburn. But they have probably forgotten that when Dr. Benjamin F. Bailey was president of the American Institute

of Homeopathy his picture appeared in the American Monthly Review of Reviews. What can a prominent American do when two such journals of civilization, printed and published for the dissemination of useful knowledge to poor, heat-prostrated, sin-cursed humanity, pursue us from hour to hour and day to day for our picture, our biography, and fifteen dollars down? Nothing, for murder is forbidden in most of the States, where divorce is still rampant. When we are elected to the presidency of the American Institute of Homsopathy we will send our portrait to the Ladies' Home Journal, done in baby ribbon, with key. Nor are we going to wait overlong to be solicited. We will push our claims and our picture—for who should know better our virtues, our graduation, our birth and first teeth, our favo-right poet, our aims, our self? What's the use to beat about the bush in so transparent a matter? He that bloweth not his own horn, verily the same it shall not be blown. Let us then be up and doing, with a heart for any fate, keep the ax still gently hewing, let the chips fall where they may-t.

—A journal devoted to electro-therapeutics, radiography, and including the other forms of physical therapeutics, and named the Electrological Journal, will appear with the new year. Dr. William Benham Snow is the editor.

We note that a new registrar has been elected to the Homeopathic Medical College of Missouri, vice Dr. McElwee; who, probably, resigned because of too many other duties, public and private and pharmacal. Dr. Gibson is a pusher and a hustler. We congratulate him, and also our alma mater.

—Just as we were preparing a little sermonette on the nonsensical habit of the Weather Bureau man in the various cities reading the heat-height of a thermometer suspended over the seventeenth story of a building as and for the temperature for the city, when the fact must be transparent to every sane person that the temperature on the street and in the houses some 150 feet below the official thermometer is hot and hotter and hottest—John Uri Lloyd steps in and writes his little something in the Eclectic Medical Journal, saying practically the same thing, only in a happier and more eloquent manner. For instance, during our recent heated term, when the thermometer on our front porch and others in the city registered 98 and thereabouts, this acry gentleman on the top of the Society for Savings Building-one of the tall ones kept sending in official reports ranging from 85 downward. As Professor Lloyd suggests, the absurdity of this procedure could be still more enhanced by rigging a self-registering

thermometer to the top of a tall church steeple, or send it up by balloon, and then take those recordings as the cities' heat record.

-Two hundred and twelve members were elected to membership in the American Institute of Homeopathy at Richfield Springs! A most remarkable accession to an Institute which had been for seven months preceding this Richfield meeting prophesied against, pamphleteered against, and in every other known way-known to modern politics—scandalized! How can we explain the apparent inconsistency? Why, thus; that these smell-feast friends who were crying havoc and war and corruption and bribery as to the Executive Committee did not believe the tale they were exploiting, and that they were using it, made out of whole cloth, for the purpose, and solely for the purpose, of carrying an election! Isn't this the answer to the riddle? But it wasn't even to be dignified with the title of riddle. It is so old a device in ordinary politics that amateurs, outside of the American Institute of Homeopathy, would have sniffed derisively to have had the "riddle" asked of them or the problem proposed in dead earnest. But the Institute is that much the gainer—these new 212 members. It has that much to the good in the way of finance. Multiply 212 by \$7, and we have \$1484. Why, yes; there's enough money in the strong box now to raise the salary of the recording secretary. Let us emulate the example of the Denver meet. The period of the lean kine will follow later.

—For Sale.—The office furniture, books, medicines of a physician. A good opening for a homeopath in a town of about 5000, in New York.

Address "Physician," this office.

—Location.—A well-established practice within twenty-five miles of Cincinnati, Ohio. Present incumbent wishes a warmer climate on account of la grippe attacks every winter. Address "Location," care of Thomas M. Stewart, M. D., Secretary Pulte Medical College, 704 Elm Street, Cincinnati, Ohio.

—A practical remedy for—well, a good many conditions, including the doctor and his family, is Proctor's amusement enterprises. You can "take one every night" with benefit, for he has four theaters in New York City, one in Albany, and another in Montreal. All are equally good.

### The American Homeopathist.

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# The Elmerican Ihomeopathist.

OCTOBER 1, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

The evil day has come The Man who was America's pride Lies low in death Risen from the ranks A poor lad Caparisoned with undaunted energy Ambition and determination Underlaid and overlaid with truest Manhood He found the highest place in human hearts A true citizen of our Republic Without fear Regardless of himself A good Man in every place in life A brother to every man everywhere, a lover of his neighbor An ideal husband A typical democrat before all the world A Man without an enemy A Man resourceful under every emergency The death of Lincoln followed years of horrid war The death of Garfield followed fast upon exciting times But this Our Brother fell without cause His hand in friendship clasped e'en his who laid him low The wound in Statehood's riven side no longer bled There was no longer any North Nor any South One land, one flag, one love, one peace Love and Peace were his watchwords The whole world dips its flag and goes uncovered for him Our First Citizen A pure man and a Christian "His will be done, not ours" "Nearer My God to Thee"

Amen

During the sessions of the American Institute of Homeopathy at Washington, last year, it was our pleasure and honor to have had an absolutely informal "front-porch" visit with President McKinley at the White House, having been given a letter to him by his sister, Mrs. A. J. Duncan of Cleveland, our neighbor, and in whose family it has been our fortune to be the

p'ysician.

We asked Dr. H. F. Biggar and Dr. C. E. Walton to accompany us. We three were received and welcomed and chatted with in the whole-souled, democratic manner of which this now low-laid President was such consummate master. He remembered isolated incidents happening at Cincinnati years before, and called Dr. Walton's attention thereto. He referred to the professional ministrations of Dr. Biggar upon the occasion when he, the President, was ill at the home of Senator Hanna. He chatted interestingly and pleasantly concerning these and other everyday topics. It was not the President speaking. It was the plain, honest neighbor and friend. At the parting he wrote for ourself his signature upon a card, in recognition of professional services to his favorite niece at Cleve-

Later in that Institute session the homeopaths were honored by his presence at the unveiling of our Hahnemann monument in Scott Circle.

And this wonderful man, with his exuberant health and vitality; with his bright, flashing eyes; the quick bodily movements; in the very heyday of overbubbling life; the promise of a long line of quiet years in which to close his eventful life in the company of her who had been to him his first and his last thought—this good man lies now enwraped in Immortality's arms—felled by the assassin's bullet! While the hundreds and thousands of other patients linger on and on and on. Great is the Mystery of Death! Yet greater still the Mystery of Life!

### Materia Adedica Adiscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West
12th Street, New York.

References in this department are made by number. (See issues of January 1st or December 15th each year.)

# The Physiologic Relation of Scopolia Carniolica to Atropia Belladonna.

H. C. Wood, Jr., <sup>30</sup> after a comparative study of these drugs, concludes that scopolia carniolica in its physiologic action so closely resembles atropa belladonna as to be practically indistinguishable.

Like belladonna, scopolia raises the blood pressure, paralyzes the pneumogastric nerve, is primarily a stimulant of the respiratory center, and in fatal dose kills by asphyxia. In the frog it is a paralyzant to the spinal cord and to Setchenow's center, and when brought in direct contact with a motor nerve lessens its function. The dominant alkaloids of the two plants, however, are probably not identical, since we find the scopolia apparently a little more depressant to the spinal cord, and distinctly more toxic.

#### Ratanhia.

The following case, translated by The Clinique from the last number of the Homeopatische Monatsblätter, shows well the action of the remedy in fissures of the anus.

A gentleman suffered from violent pain in the anus, which had troubled him for months. In spite of discomfort he followed his occupation until the pain became so severe that he could no longer walk. After each passage the pains appeared, being of a burning nature, associated with tenesmus, and lasting several hours. The bowels were inclined to constipation, and bleeding accompanied the stool. He had been treated for hemorrhoids and intestinal catarrh for several weeks. Examination showed a fissure of considerable length and depth, looking more like a deep wound than a fissure, which easily explained the violence of the pain. As there were present the precise symptoms of ratanhia, namely, tenesmus and burning in the anus lasting for hours after stool, it was prescribed in the 2d dilution, without any external application whatever. The patient returned after sixteen days and made the statement that he was much better. that from the first taking of the remedy the pain and pressure became better, and after three days the passages were much easier. The expression of suffering that the patient had, from so long a siege of pain, had visibly decreased. Examination showed that the wound was fully healed. This case is interesting from the fact that no external applications were used, no surgical measures, not even laxatives given to make the stool soft so as not to tear the fissure on its passage. It shows that the homeopathic remedy has no need of adjuvants of any description.

#### Gelsemium in Albuminuria of Pregnancy.

Dr. Bukk G. Carleton <sup>17</sup> says gelsemium is often indicated in malarial regions and in the western country, where "mountain fever" is so prevalent. The symptoms will simulate insipient typhoid fever. While the headache of this remedy is usually occipital, it may affect the sinciput.

Gelsemium is often required to meet the premonitory symptoms, as, when the head feels very large, patient is irritable, sensitive, a nervous dread of the near approach of labor. There are chilly waves running up and down the spine from occiput to sacrum, and pains running from before backward in the abdomen and also from pelvis to diaphragm. Give the 200th in water every two hours until relieved. It will require two, or at most four, doses.

# Diphtherinum: Indications for Ilomeopathic Antitoxin, as Given by the Medical Advance.

Especially adapted to the strumous diathesis; scrofulous, psoric, or tuberculous persons, prone to catarrhal affections of throat and respiratory mucous membranes.

Patients with weak or exhausted vitality: hence are extremely susceptible to the diphtheritic virus, when the attack from the onset tends to malignancy (lac. c., mer. cy.).

Painless diphtheria; symptoms almost or entirely objective; patient too weak, apathetic, or prostrated to complain; sopor or stupor, but easily aroused when spoken to (bap. sulph.).

Dark-red swelling of tonsils and palatine arches, parotid and cervical glands greatly swollen, breath and discharges from throat, nose, and mouth very offensive; tongue swollen, very red, little coating.

Diphtheritic membrane, thick, dark-gray, or brownish-black; temperature low or subnormal, pulse weak and rapid; extremities cold and marked debility; patient lies in a semi-stupid condition; eyes dull, besotted (apis, bap.)

Epistaxis or profound prostration from very onset of attack (ail., apis, carb. ac.); collapse almost at very beginning (crot., mer. cy); pulse weak, rapid, and vital reaction very low.

Swallows without pain, but fluids are vomited or returned by the nose; breath horribly offensive

Laryngeal diphtheria, after chlor., kali bi., or lac c. fail.

When the patient from the first seems doomed, and the most carefully selected remedies fail to relieve or permanently improve.

The above are cured symptoms, verifications which the author has found guiding and reliable for twenty-five years

for twenty-five years.

The remedy is prepared, like all nosodes and animal poisons, according to the Homeopathic Pharmacopæia, and, like all homeopathic remedies, entirely safe when given the sick.

Like all the nosodes it is practically worthless in potencies below the 30th; its curative value also increases with increase of potency from the 200th to the m and cm. It need not and should not be repeated too frequently; not more frequently than the crude antitoxin. It will cure in every case that crude antitoxin will, and is not only easy to administer, but safe and entirely free from dangerous sequelæ. Besides, it is homeopathic.

The author has used it for twenty-five years as a prophylactic—when it corresponds to case or epidemic—and has never known a second case of diphtheria to occur in a family after it had been administered.

#### Cactus.

According to H. W. F., in the Eclectic Med. Jour., probably one of the most valued of socalled heart remedies, by eclectics at least, is cactus. This drug is a remedy, we believe, chiefly for functional heart affections; exerting its effects chiefly by its control over the nervous mechanism of the heart—chiefly, if not wholly, through the sympathetic. We believe that its long-continued use benefits the heart tissues, for it appears to increase the nutrition and waste of the heartmuscle. Even by those who are skeptical concerning the action of remedies not possessing striking and powerful effects, it is conceded to be of great value in mitral regurgitation due to valvular insufficiency. If structural heart disorders be aggravated by disordered innervation, whether the heart action be feeble, rapid, violent, or irregular—if there is mental depression or mental excitation—this remedy gives relief as promptly as any agent known. It is, we say, the great remedy for functional heart disorders, and as such is prompt in its action. In constrictive cardiac pain, in spasm of the heart-muscle, in nervous palpitation, in cardiac neuralgia, it is often our best remedy. A band-like constriction is a prominent indication for cactus in heart or head troubles. The indications for this agent are clear and have been well verified. They are: Impaired cardiac movements, whether violent, feeble, or irregular; heart disorders, with marked nervousness or apprehension of death, anxiety, precordial oppression or constriction; and the irritability arising from a tobacco heart.

—The Indianapolis Homeopathic Medical Society has issued its programme, giving the dates, names of authors, and titles of papers from September 11 to April 9 next year. Among the authors we find Drs. O. S. Runnels, W. E. George, F. C. Stewart, W. B. Clarke, Rebecca R. George, W. F. Curryer, J. P. Haynes, and Sollis Runnels. The titles selected by these and the others give promise of some good medical and surgical work.

SOME OBSERVATIONS CONCERNING THE IN-TERPRETATION AND SIGNIFICANCE OF HEART MURMURS IN INFANTS AND CHILDREN.\*

BY EDWARD R. SNADER, M. D., PHILADELPHIA.

The diagnosis of heart affections in infants and children is justly regarded as more difficult than in adults, first, on account of the greater rapidity of the action of the heart in children; second, on account of the inability to secure at will the suspension of respiration; third, because of the greater natural intensity of the sounds of respiration obscuring and rendering more difficult of recognition the presence or absence of adventitious heart sounds; fourth, on account of the restlessness of the examined subject; and, fifth, because we do not know so much about the cardiac affections as they occur in children as we do about the same maladies as they occur in "children of a larger growth." All these difficulties in the way of diagnosis, however, can usually be overcome by a little tact and more patience, and especially by the reservation of an opinion as to the exact nature of an affection until a number of examinations, under varying circumstances, have been made. This precaution as to the expression of a definite view as to the character of the case only applies to a certain number and kind of patients, for, in many instances, the diagnosis is quite clear and conclusive after one thorough expiration.

The discovery of a murmur at one of the cardiac orifices in the midst of an intense respiratory murmur, can only be accomplished in some instances by most careful attention to the rhythm of the heart and a mental refusal to take cognizance of the sounds produced by the respiratory movements, an achievement that is rather easily accomplished, after a little experience. When a murmur is discovered, its location is the next point of importance to decide. When its location is satisfactorily settled, the next question requiring solution is whether the murmur represents obstruction or regurgitation, or whether it is of blood origin; for hæmic murmurs in connection with anæmia are even more prone to be developed in the very young than in adults. Having decided that the murmur is not an inorganic one, and that it involves regurgitation or obstruction, the practical point to come to a conclusion about is as to whether the murmur represents a preexisting valvular lesion, a present and active endocarditis, a congenital defect, a dilatation, involving perhaps only temporary incompetence or stenosis, and, ever and always, no matter what the nature of the lesion, if one be present, the amount of damage it is doing, or whether it be

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innocuous, so far as the production of symptoms or states is concerned. Dilatation of the heart in children, according to my judgment and experience, occurs very frequently and transiently in the various maladies of infancy and childhood. The child's heart is capable of a greater degree of adaptability to stress of circumstances than the adult organ. Dilatation occurs notably in diphtheria, scarlatina, pertussis, measles, influenza, in the bronchites and the pneumonias, and, practically, in any severe malady in which the circulation is put under stress by either the circulation of toxins in the blood or a greatly elevated temperature and its sequences. The heart, too, is under special stress, not necessarily with dilatation of the heart, but with or without it, in all the diarrheal diseases. The influence of the rheumatic poison is too obvious, and needs no special mention in this connection. Every murmur (or murmurs), then, discovered in children is not necessarily evidence that the patient has congenital heart disease or is suffering from an acute endocarditis. Such a conclusion, indeed, would be far from the truth. Indeed, if even most of these murmurs of recent endocardial origin, that is, representatives of endocarditis, I should be most happy to consider endocarditis in children to be a very curable disease, for many of these murmurs rapidly disappear with a change for the better in the disease from which the patient is suffering or improvement in the heart's action. Percussion is most to be relied upon in discovering the existence of enlargement of the heart. If by this method enlargement is discovered, the enlargement is found not to be due to hypertrophy or pericarditis with effusion, by the changes in the character of the heart sounds that occur when either of these conditions are present. In cases of dilatation the limits of abnormal dullness change greatly within comparatively short periods of time, and this fact is of extreme value in determining that the enlargement is not due to an old lesion, and also,—in a less degree, probably.—that the murmur is not due to an endocarditis; for, while enlargement of the heart occurs as a secondary sequence of the endocardial inflammation, the enlargement is an advancing one; that is, it requires a considerable period of time before coming to a relative standstill; whereas, the enlargement of dilatation is decidedly more fluctuating in its progress, and some examinations may show little change from the outlines of the cardiac dullness.

The murmurs, too, of an active endocarditis are very apt to grow greater in their intensity (up to a certain point) with succeeding examinations, while those due to dilatation are exceedingly fluctuating in their degree of loudness. The symptoms accompanying these cardiac murmurs are never distinctive of the character of the

lesion, and are, in fact, frequently absent or obscured by the symptoms of the malady from which the patient is suffering, and we are therefore, practically, in the vast majority of instances, shut up to the discoveries we can make by the presence or absence of physical signs in mak-

ing our diagnosis.

The congenital or old lesions, if the patient be not a babe in arms, will show a compensatory hypertrophy and the other well-known modifications in the character of the heart sounds, so that the question of an old or congenital lesion is usually easily disposed of; leaving, practically, the question to be settled as between acute endocarditis and dilatation; provided, of course, that the murmur of anæmia has been excluded. Cases occur sometimes in which it is an exceedingly difficult matter to determine the existence of anæmia without a microscopical examination of the blood; but, where anæmia is manifest, its presence (but not its degree) can be assumed as a fact for the purpose of utilizing it in an analysis of all the factors in the case before a positive diagnostic conclusion is reached. It must be remembered, however, that anæmia is frequently caused by a heart lesion, and we must not let this point be lost sight of, because an anæmic condition of the blood is capable of including endocardial murmurs. If anæmia alone produces the heart murmur such murmur is unaccompanied by enlargement, unless the heart has been previously enlarged. It is a favorite assertion with some authorities that anæmic murmurs are always basic in origin; but this rule is by no means invariable, and, while entitled to some little weight in the diagnosis, a murmur should not be considered hæmic, and consequently inorganic, simply because it is heard in greatest intensity at the base of the heart, any more than the conclusion should be drawn that, because the murmur is loudest at the mitral area, it is of necessity an organic and not a hæmic one. Such a decision would surely be a snap judgment, and might satisfy the demands of a book diagnostician, but certainly not the clinician. The absence of diseases ordinarily considered capable of originating an endocarditis is a point of no mean importance in the diagnosis, although we know that anæmia can coexist with almost any disease but plethora.

Another factor that sometimes comes into play is the decision of the question as to whether the discovered coexisting anæmia has anything whatever to do with the discovered heart murmur, for all anæmias are not accompanied by cardiac adventitious sounds. It would not be necessary to make this statement prominent were it not for the fact that it is a most common mental attribute in the physician's mind to place the most favorable construction on the factors concerned

in the diagnosis, rather than the gloomiest and sometimes the correct view, and hence, anæmia, by its mere presence, may bias the unwary into incomplete investigation, or, at least, to place undue weight on the blood state and discount the physical signs, that, without such a bias toward a favorable view, might be differently interpreted, if anæmia were not a symptom in the case. If the heart be apparently otherwise free from disease, the absence of enlargement, more especially in chronic diseases, is the diagnostic feature upon which the greatest reliance can be placed in differentiating the inorganic from the organic murmur. An inorganic murmur, then, being dismissed, in a given case, the differentiation will mainly rest between an inflammatory affection of the lining of the heart or dilatation. We are not now considering the exocardial or pericardial murmurs, but only those having their origin within the interior of the heart or at the orifices of the great vesels arising from the cardiac apparatus. It is a well-known clinical fact that an inflammation of the lining membrane of the heart can occur, and does occur, clinically, without the usual symptomatic phenomena accompanying inflammation. In fact we know that grave valve mischief can be inaugurated and completed without there having been present any symptoms whatever calling specific attention to the heart as a possible symptom-producing factor. There is hardly any disease known that is clinically so variable in its symptomatic manifestations as endocarditis.

The symptoms vary from none at all, to a transitory, evanescent, perhaps unnoticed alteration in the rhythm of the heart's movements up to exceedingly grave local and systemic manifestations. With this knowledge of the variability in the clinical symptomatic features of endocarditis, we naturally place the greatest reliance upon the physical signs as indicating the presence of lesions within the heart, and utilize symptoms, if they happen to be present, as confirming the diagnosis or as rightly interpreting the physical signs. We know, very well indeed, some of the diseases which are likely to be complicated by an attack of endocarditis, but we by no means know them all. Rheumatism, scarlatina, measles, typhoid fever, whooping cough, pneumonia, pleurisy, are liable to induce an inflammation of the heart's lining membrane in about the frequency in which I have just given them. In this category we should place tonsilitis; but we don't yet know accurately where to place this malady in the percentage ratio as to its liability to induce endocarditis. There is however, a very close relationship between endocarditis and tonsillar affection, closer even than is realized by those who are making studies of the question of association and are trying to ac-

count for the frequency with which endocarditis is found with tonsilitis, upon the theory that the inflammation of the tonsils is of rheumatic origin. It is not necessary to prove the rheumatic nature of tonsilitis in order to make attacks of endocarditis and coexisting endocarditis plausible, for it is beginning to dawn upon the minds of the medical profession that endocardial inflammation is an exceedingly common and little understood affection. Indeed endocarditis is a very common affection, if it be sought for. A much broader and safer view to take of endocarditis is that all diseases capable of contaminating the blood stream, either by the production of toxins, alteration of the composition, or retention of waste material are also capable, under certain circumstances not vet well understood, of inducing attacks of inflammation of the lining of the heart. I have certainly found endocarditis in diseases which I formerly did not believe capable of inducing that malady. Therefore, the proposition that any disease in which serious blood contamination, by either direct or indirect route, can be produced can induce attacks of endocardial inflammation seems to me an exceedingly reasonable and tenable one. If this view be accepted. I am sure we will investigate the hearts of all the little ones under charge with greater care than formerly, and will often be rewarded by the discovery of a sneaking endocarditis, or one that is giving rise to alterations in the symptomatic picture of the disease under treatment that reveals an unexpected source for cardiac symptoms. The practical value of this discovery cannot be overestimated, for we can do much for these cases not only in the immediate present, but are also better able to handle the patient in subsequent diseases. There is but one grand distinguishing feature that is of supreme value in the detection and diagnosis of endocarditis, and that is that the discovered murmur (or murmurs) grows steadily more intense with each succeeding examination (provided the heart is not growing either weaker or becoming dilated with each succeeding examination). This increase in intensity goes on for some time, if the progress of the case is not toward a speedy lethal issue, until it reaches a certain degree; which degree is usually fairly well sustained while the patient is under observation for the malady of which the endocarditis is a complication. After the patient is up and about, sometimes even weeks or months afterwards, you may discover a much more intense murmur than when the patient was confined to bed.

I personally place little stress upon the presence or absence of hypertrophy or dilatation of the heart as indicating endocarditis,—that is, during the activity of the disease of which the endocarditis is a complication,—for the reason that

it takes a considerable period of time to bring about hypertrophy unless the illness from which the patient suffers is an unduly prolonged one; and, therefore, the hypertrophy which afterwards follows will not be among the diagnostic features upon which we can rely upon which to diagnose the presence of an active endocarditis. If dilatation ensue, rather than hypertrophy, the practical importance of determining the existence of a simple endocarditis is very small indeed, for the dangerous lesion is the dilatation, whether it occur with or without endocarditis, and it will be the dilatation that will require the greatest therapeutic attention, even if the dilatation be secondary to the endocardial inflammation; for a heart that dilates under such circumstances does so, not so much as the result of the endocarditis, as it does as the result of the stress put upon the heart by the malady that induced the endocarditis, and hence, for the time being, at least, the dilatation is the important factor. Practically, under such circumstances, it is not important to determine whether the dilatation is secondary to the endocarditis or not, but it is rather to determine the existence of the dilatation, for, if the child recover from the dilatation and the disease of which it is an accompaniment, the evidence of such endocarditis will be easily available and unquestioned, later in the disease, or after it has been recovered from. Of course, what I am now saying does not apply to the socalled "ulcerative endocarditis"—a very malign malady, and one that, as an extremely rare event. may occur in children; but, if so, the symptomatic phenomena are so marked that the mere question of enlargement is of no moment whatever in the differentiation. The case is perfectly clear without it. If the heart be not enlarged to compensate for the valve defect, there will not be available for diagnostic purposes the modifications in the heart sounds that are directly dependent upon the enlargement for their production. In point of fact, if these modifications of the heart sounds and enlargement of the heart be ascertained, they point not to the first stage of an acute endocarditis, but rather to an old lesion, acquired in a previous illness, or, possibly, to a well-advanced subacute lesion. Irregularity of rhythm is of some value, early, and, accompanying a "blurred" heart sound, as found in the beginning of an acute endocarditis, the murmur growing out of the blurring, and increasing gradually in intensity, are the cardial features that will assist in the diagnosis of endocarditis.

The congenital lesions of the heart, at least those affecting the valves and orifices and the many deficiencies in the septa, and obliteration and transposition of vessels, are so varied that one would naturally expect an abundance of characteristic physical signs; but, practically, such is

not the state of affairs. Almost all these deformities are represented by a systolic murmur, heard best at the base. At least, it is seldom possible to obtain other decisive evidence than this to diagnose the difficulty with positiveness, and hence the discrimination of the particular form of deformity is most frequently a mere matter of guessing. The systolic murmur is heard near the base on the left side, just below or at the pulmonary area, and is sometimes diffused over the greater portion of the chest. This first sound murmur of the congenitally diseased heart is generally a very loud one, and, in point of fact, the marked intensity of the murmur, as mentally compared with those heard in children's chests ordinarily, is entitled to some weight in the diagnosis, although it is a factor by no means positive in its significance. Nevertheless, a very loud basic murmur, accompanied by great hypertrophy,—particularly of the right ventricle, and sometimes of the right auricle,—is good evidence of the existence of a congenital heart lesion.

This same set of physical signs, except that the left ventricle would be predominantly enlarged, and the murmur heard perhaps with greater intensity to the right of the sternum, in the aortic area, can be found in a case of marked stenosis of the aortic orifice due to an acquired lesion; but if the child be very young (although hypertrophy does take place in children more speedily than in the adult), the changes of great hypertrophy occurring consecutively to an acquired lesion of the aortic opening are relatively exceedingly small, and the history of the case may assist materially in coming to a conclusion. Cyanosis is a marked symptom in the vast majority of congenital lesions, but it is not invariable, and in some instances at least, is measurably dependent upon the character and extent of the deformity. Cyanosis, with clubbing of the fingers, and a persistence of the cyanosis, to a greater or less degree, with slight variations in its intensity almost certainly points to a congenital anatomical defect; while the cyanosis due to dilatation secondary to a valvular defect is more gradual in its onset and development, more remedial temporarily to treatment, and is a matter of history as to the time of its origin. The congenitally defective heart is also more likely than the acquired lesion to betray very early the systemic and local developmental faults dependent upon an embarrassed circulation. We are now face to face with the murmur (or murmurs) of acute dilatation. I do not think it necessary more than to suggest that it is quite possible for murmurs to occur as the result of dilatation of the heart. Easily appreciated anatomical and acoustic reasons can be advanced in support of such a possibility, nay,—probability,—that dilatation of the heart and consequently of its orifices, and a removal of the valves from their normal bases of support, can give rise to cardiac murmurs. Certain it is that in adults murmurs arise in the course of dilatation of the heart, and disappear when the dilatation is measurabely relieved, or when the heart is acting more strongly than is its wont, or is under the influence of a powerful heart-whip. Too often has the post-mortem revealed that the cardiac murmurs we heard during life were dependent upon dilatation of the heart, and not to any anatomical defect in the valves or openings; too often to be ignored on merely theoretical grounds.

The murmurs of dilatation are to be separated from those due to blood states, the endocardites, and from the congenital heart lesions, and this differentiation is to be effected by the absence of their several diagnostic features. In point of fact, a murmur that is not an anæmic one, not a congenital one, and one due to an endocarditis or to an aneurism (the rarest possible lesion in the very young) must be due to dilatation, in the present state of our knowledge. The murmurs due to dilatation are more variable in intensity than those of endocarditis or the other affections we have just named, and therefore, the alterations in the character of the first sound, and even in the second, are entitled to new significance. If the first sound loses its booming, muscular quality, there is present either anomaly in childhood, fatty degeneration, or myocarditis, or dilatation.

For practical purposes all the degenerations that take place in the heart muscle in the diseases of childhood may be put in the same category as myocarditis, for, while these degenerations are often diagnosed, as witness, for instance, the invocarditis that occurs in connection with diphtheria, typhoid fever, malignant scarlatina, and even la grippe, they are diagnosed almost solely from the fact that the first sound is weakened and the second lessened in loudness or accentuated (dependent upon the extent of the heart's muscular power), and that these modifications in the heart sounds are associated with diseases capable of inducing the degeneration or invocarditis. While murmurs may exceptionally be present they are exceedingly rare, and this point may be of some importance in differentiation from dilatation in some cases. Besides, the dilatation of the heart can often be diagnosed very early in a given case of illness, often long before severe symptoms of cardiac distress have appeared, while in the case of myocardites or the degenerations the evidence of specific heart weakness are often speedily declared. And, too, in the degenerations of myocarditis the heart is not enlarged, or, if so, it does not change in volume, as shown by percussion, as does the simple dilatation. Therefore, evidence of enlargement favors the diagnosis of dilatation, if anæmic, endocarditic, and congenital murmurs be excluded.

In myocarditis and in the degenerations an approximate diagnosis, by the known association of the altered heart sounds with the disease that gave rise to the inflammation or degeneration, and the absence of enlargement, and possibly absence of murmur, is easily made. Even the myocardites and the degenerations may exceptionally give rise to murmurs, as intimated before, but the changing volume of the heart is a point in favor of dilatation. In those cases of dilatation without murmur, the enlargement settles the diagnosis. It is, therefore, a reasonable diagnosis of dilatation when we find an enlarged heart, more or less constantly changing its volume (which it would not do if the enlargement were due to hypertrophy and not to dilatation), with the heart sounds weakened so far as the full development of the muscular element of the first sound is concerned; and an accentuation of the second sound, with or without murmurs, when found in connection with any disease or condition capable of placing the heart under stress, either by reason of its special pathology, the accompanying fever, or of toxins circulating in the blood, or some of the diathetic or cachectic states, found in a given case, is ample evidence upon which to base a diagnosis of a dilated heart. This is true, whether there be present murmurs or not, as I have intimated; but I am chiefly concerned at present with dilatation with murmurs, for I am sure that these murmurs are often interpreted to mean an inflammation of the lining membrane of the heart, and this wrong interpretation leads to further error in regard to therapeutic measures to be employed or not to be employed, for seldom do we vigorously interfere in an effort to cure endocarditis. We know it is rare for simple acute endocarditis to end fatally. The correct interpretation of the character and significance of these murmurs is, therefore, not a matter of indiference, and both their recognition and appreciation of their significance is imperative to the conscientious and thorough physician.

If I have succeeded in impressing the value of these little points in the understanding of cardiac murmurs as they occur in early life, and the importance of the recognition of dilatation, and its very frequent occurrence in infancy and child-hood, and its demand often for active therapeutic interference, the mission of my paper will have been fulfilled.

Dr. Arthur B. Smith of Springfield, Ohio, announces his removal to his offices in the new Young Men's Christian Association Building on North Fountain Avenue.

#### THE THIRTY REMEDIES.

N commenting, in one of our recent issues, I upon the Too Many Remedies recommended for the homeopath's study and practice we had no special wish to be understood as condemning all the remainder of the therapeutic list. one knows better than ourself the value of the many others not included in our subjoined list: but we contend, and have contended, that the pitiful smattering of this vast army of remedies, which the student is presumed to catch-as-catchcan in two or three weekly hours of monotonous reading to him from ancient manuscripta, is of no service in practical work, and that perforce he turns to the more available and promiseful adjuvants which the pharmaceutical factories, with homeopathy woven in their title, furnish him withal.

While in anxious communication with a former eminent teacher of materia medica,—when we had been called to Cleveland to take the materia medica place in the Homeopathic Hospital College,—this ex-teacher said: "Never teach longer than half an hour on any remedy; give the other half hour to quizzing." We attempted to do this, and, very naturally, failed.

The man doesn't live to-day who, in the compass of half an hour, can deal intelligently with belladonna from a mere materia-medica standpoint. And this is true of every remedy in the books that has been proven,—and those are the only ones with which the homeopath is concerned.

A somewhat extensive general practice, following a few years of ambitious surgical leanings at the beginning, has taught us that that man is the best homeopath who is well furnished with a dozen or two of the old, well-tried, over-a-hundred-year-old remedies, than the other, the modern graduate, whose head is filled with bacteria, and blood-counts, and combination tablets, and appendicitis, and the keynotes and characteristics of three hundred alleged homeopathic remedies.

A physician, once having entered upon his practice, rarely has the time, if he continue in the inclination, to re-study the materia medica after leaving that tiresome thing behind in his notebooks. An occasional obstreperous case may cause him to look up in some repertory an isolated and ill-remembered keynote; but the study of a remedy, from the crown of the head to the bunion on the outer aspect of the foot—he never does that. He has no longer the time. If he gets "stumped" on a case of diarrhea, he will reach over into the field of the combination tablet, or of modified milk, or some other thing that

promises results, which alone might be found in

a s'arching the Scripters.

The list which we have usually recommended begins with a bottle of sac. lac. and ends with a bottle of alcohol. The value of this Alpha and Omega of therapeutics need not be expatiated on to practical physicians. The other twenty-eight bottles are the following:

Aconitum, Apis, Arnica, Arsenicum. Belladonna, Bryonia, Calcarea carb., Carbo veg., Causticum, Chamomilla. China, Cina. Colocynthis, Ferrum.

Gelsemium, Hepar, Ipecacuanha, Lachesis, Lycopodium, Mercurius, Natrum mur., Nux voin., Phosphorus, Pulsatilla, Rhus tox., Sepia, Silicea, Sulphur.

We will not be surprised if some of the Professional Professors of Materia Medica.—that intelligent lot of Pedagogical-Physicians, whose business it is to teach, but not to practice,— "jump on" us for thus restricting the list of remedies. We have lived long enough, and practiced with sufficient success to know that these thirty remedies will carry us through ninetyeight per cent. of acute troubles and rarely send us home for some other bottle. And we believe, based on the experience of some years of trial, that any homeopath who can carry these remedies under his "hat" will be better equipped for the sick room than the other who has but a smattering of three hundred remedies.

Are these the only remedies we use? No, assuredly not. But we find the others indicated in some passing epidemic, or in which the genus epidemicus suggests one or two specially valuable remedies. In that case we take out a bottle that seems useless for this epidemic or season of the year, and put in the more suitable bottle. We do not mark the pocket-case; only the bottle. Thus, for instance, in the present epidemic of cough and diarrhea in Cleveland, we found that causticum and mercurius lead in most of the cases. If we had not been carrying these bottles as a general thing, we would have taken out two of the lesser-used bottles and replaced them with causticum and mercurius. In the sunstroke period we put glonoinum in the case. In the cough periods we carry antimonium tart., and others of that order. But it is safe to say that in a twelvemonth not more than five bottles are changed. The other remedies are used mainly in office work—chronic diseases and the like.

In discussing this point, in private with a friendly brother, since starting on this discussion, he wanted to know if we had no knowledge of chionanthus in "liver troubles." How easy to have answered that Homeopathy does not treat "liver troubles." But we didn't. We were sorry for him. That was the kind of "Homeopathy" read off to him from the manuscript of a man who had no compunctions about telling the class that seven grains of calomel was at times a good thing in babies' bowel troubles. We merely asked what else he knew of chionanthus? Nothing, absolutely nothing! He was using chionanthus tincture, in drop doses, for "liver trouble" when the face was awfully yellow and the stool showed an absence of bile. A moment's reference to Gentry's "Concordance Repertory" convinced the young man that the two symptoms upon which he prescribed chioanthus were covered by a score of the wellproven homeopathic remedies. And, further, that he was, in fact, an eclectic and not a homeopath!

Let us be homeopaths! Let us get back to the old kind of Homeopathy—The Kind that Father used to Use. Let us take down the dust-laden. single volume of homeopathic materia medica (some old edition) and study, STUDY aconite until we KNOW aconite!

Let us not dwell upon here a characteristic and there a keynote. Let us learn the remedy as a whole! Let us lay off a day each week and take up one of the old-fashioned remedies and assimilate it.

There is nothing in this recommendation of study, to interfere with any of the modern cutting-recommendations. The physician may still cut as much as he pleases, unless a better understanding of what the properly applied homeopathic remedy will do will tend to check him a bit in his former idea of blood necessities.

And, finally, we do not recommend these thirty remedies to the Professors. We are not writing for them. We are too busy to carry coal to Newcastle. It is their business to teach. And it gives them unctuous satisfaction, at the end of a four-years' reading of remedies, to be able to say that they have "touched upon" two-hundred-and-'steen remedies. As to thoroughness of instruction—that has naught to do with it.

We are writing for that large class of our readers who have taken a half-day occasionally, driven into the woods along the country-side and "sweared" at a tree, for the supereminent uselessness of the knowledge in the acquisition of which they had served such sweating apprenticeship, and thereafter, for a time, were in danger of touching the defiling iniquity of "homeo-pathic" pharmaceutical products. These practical men and women know that we speak from a

practical standpoint; they will take these recommendations in the proper spirit. For the others we care naught.

#### OHIO REFRAINS.

The plea of Dr. C. E. Walton, at the Columbus meeting of the Ohio State Homeopathic Society, for practical discussions in place of labored disquisitions on the finding of rare things here and there in surgical practice, was a speech of the right kind, and appreciated by all that large class of unfortunate practitioners who do not find stone babies and have no cases of kraurosis vulvae.

Dr. J. D. Buck finds a sovereign adjuvant in all throat troubles of the croup and diphtheritic order in a teaspoonful of chloride of lime to a pitcher of hot water; the patient to inhale the

ascending steam frequently.

One debater, in speaking to a paper on appendicitis, said that "the unfortunate part of appendicitis is that we never know at the beginning what sort of an attack we are going to have, and he doubtlessly thought he was giving birth to an idea most precious because of its rarity and uniqueness. And yet we have that same doubt in our mind in every case of scarlet fever or measles, of whooping cough or of typhoid fever; and, perhaps, if we could think back far enough, we would find the same trouble at the beginning of every other form of disease to which we may be called. "We should not be held responsible for deaths in cases of this kind" —having reference to cases of appendicitis in which the blind and un-cutting general practitioner had waited too long before permitting the operation. Here, again, we speak our piece for the general practitioner, and ask if that be not as true of the ordinary doctor as of the cuttingspecialist? What practitioner, in the ordinary run of his work, gets a case at the beginning of the illness? How many of them—the patients and their sisters and their cousins and their aunts —have not exausted all the known and unknown remedies household, neighborhood, barnvard, and drugstore—before the doctor is called? how many cases is it not the first duty of the called-in physician to antidote the week's guzzling and ingestion of home remedies before he can diagnose the case and apply the remedy which may be indicated? And if that case dies, should the physician be held responsible? The cutting-specialist has more to answer for in his case than the general practitioner; for the specialist knows the condition of his patient from the moment of his arrival and, when he cuts, he cuts with the danger of death at hand. He cannot hide behind the excusable ignorance of the general practitioner.

#### THE GET-RICH-QUICK DISEASE.

The many instances of the fleecing and killing of innocent lambs in Wall Street seem to have no deterring effect upon the oncoming crop of people. This, the present scheme, is so novel, and so sure to reap a rich harvest soon and certain! All it needs is the additional selling of some fifty thousand preferred, paid-up, non-assessable shares of its treasury stock at from fifteen to thirty cents a share, in order that the proper machinery may be hauled to the ground, via mule-back, to crush the ore and handle it, in its various stages of transformation from the crude and earth-incrusted product until it reaches the pockets of the shareholders in real golden gold dollars worth a hundred cents each on the nail.

Why do so many of our doctors take such interest in mines and other speculative enterprises? There is scarcely a mail that does not bring to us a scheme with half-tone illustrations, signed, or, at least, fathered by some theretofore level-headed medical man, promising fabulous results

in a few months—if, etc., etc.

There seems to be a very conspiracy to make us rich, whether we would or no. Chicago has sent us repeated circulars concerning gold mines of A<sub>I</sub> order and double A<sub>2</sub> profits. Philadelphia sends us copper-mining literature to burn. And

that is the way it usually goes.

Why insist so strenuously on drawing us out of our parish practice with its poverty and honesty? Why not leave us poor, but respectable? We have no money to invest in gold bricks or copper lodes. What little we have laid aside, and are in the Saturday-evening habit of laving aside, we hope some day to put into a gasoline automobile, with red wheels, with a large locomotive noise, so that the whole neighborhood, where we may have an isolated case, shall hear us as we approach and depart with our leather cap and chauffeur, and comment suitably, from front porch to front porch, on our wonderful skill and ability, and our large practice; while, during the Grand Army Encampment week, when everybody else all over the city, the poorest as well as the wealthiest, are patriotic and adding bunting and mottoes and flags to the front of the house, we will exploit our enthusiasm and our patriotism by throwing lovingly to the breeze from our second-story window a cheap, thirtyfive-cent, printed American flag! Selah.

No, really, if we wanted to get rich quick, we would borrow enough money to "grub-stake" our family and ourself for a few months, meanwhile hie us to Chicago or New York, take a

post-graduate course, and come back with a tailor-made suit of clothes, a motherhubbard Raglan, a large Latin diploma, and, thereafter,

hang out as a specialist.

Please, Doctors and Specialists, don't tempt us beyond human endurance with your gold bricks and coppered aces. The flesh is weak. Our wealth and our ability have not yet reached such proportions that we must take contract practice at so much per family per year, or put our illgotten gains in our wife's name.

We enjoy being poor and insignificant.

#### THE INVALID CARRIAGE.

The fire alarm gong rang out viciously one day latterly, as we stood on a corner of the street, ready to cross over to a store on the other side. People ran from their shops to see what was the matter; others in the street rushed for a place of shelter: vehicles ahead turned to one or the other side to give way to this ferocious noise and all that it portended. It was an ambulance with a white horse on a gallop, the driver lashing him shamefully, the attendant at the other end hanging by his two hands to the handles on the sides of the wagon. And thus this awfully fearsomely affair passed down the street kicking up the dust, with a clatter and rattle of wheels, the clangor of the midnight gong, accompanied, as much as possible, by gamins, men on wheels, and barking dogs.

And why? Why is this Undertaking and Funeral-Director industry given the right of way? Why are these commercial corporations permitted to do the fire-engine act in a crowded thoroughfare? Why are they given carte blanche with the police authorities to do as they

like?

No one seems to know. It is an assumed authority on the part of the undertakers. The assumption that someone at the other end of the line has fallen from a seventeen-story building and broken fifty-three bones in his valuable carcase. It is an assumption that some man in a squabble in a saloon has had some several and sundry ribs kicked in by his boon companions, and there is great need of an early appearance of the ambulance lest those loosened and fractured ribs mortify or slough off. It is an assumption that the emergency case is the most important of all the cases that come to the hospital.

What are the facts? That in nine cases out of ten the emergency case is a "poor" case; one that cannot pay even for the bandages needed to cover up the dirt and grime—so usually an elemental constituent of the case; that the ambulance call was for removing some wretched character from some scene of quarrel, drunkenness, debauchery, or other of the modern-day ways of

having a "high old time."

Look at the record of the emergency ambulance calls and note their insignificance! If it were not inhuman to say so, we know that we but repeat the feeling of a good large majority of the profession when we say that fifty per cent. of the emergency ambulance work is work that ought to be left-for an exceedingly slow coach to pick up!—that is, viewed from the hispital and professional man's standpoint.

There is, of course, another and a far more important view-point to this question of the Invalid Carriage, and which is, indeed, the true cause of the indecent haste and danger to life and limb, namely, the value of such call to the ambulanceowner! That's the solution of the problem!

The instance narrated at the beginning of this article, when followed up, was found to be the result of a barroom fisticuff on a hot day. One of the combatants was badly battered up—as he deserved to be—and lay on the sidewalk, bleeding and almost dead. Several persons, who were irresponsible and could not be identified or held for the fee, ran to the nearest telephones and called up as many doctors and undertakers as could be thought of. And the breakneck deviltake-the-hindmost race of the ambulances was not because of the imminent danger to an honorable man and citizen who had been overcome with the heat, but it was a chariot race between rival ambulances to get a "job"! For he who arrived first on the scene would, of course, get And in order to favor these rival tradesmen in their insane attempt to get "sickers" and "deaders," at so much per patient or corpse, the city permits these mad races through its streets!

Some years ago, following a bridge accident in this city, when the bodies were being raised from the river's bottom, the rival ambulance runners engaged in actual fist-fights for the possession of the bodies!

Let us have done with this. A hospital ambulance is quite another affair. Everybody recognizes these as honest and in the interest of the public. They ought to be specially marked so as to be recognized at once, and freely given the right of way. But the individual, undertakerambulances, ought to be barred out of the public streets, except as all other vehicles are given the right of public ways. And any effort on their parts to infringe upon the safety of the people, or the endangerment of other vehicles, ought to be brought to a sharp and sudden finish in the police court,—if for a violation of the speed ordinance,—and in the higher courts, in the event of injury to a citizen.

#### THE TREATMENT OF CONSUMPTION.

By EDWARD PLAYTER, M. D., Highfield, Can.

It is gratifying to find the practice of special lung-expansion is becoming more general. Not long ago a medical journal stated that it would have been more so, had it not been so much in the hands of "irregulars"—a weak, indeed cowardly, reason.

Never have I observed any increase of hemorrhages from it, but the reverse, as one would expect, with care in the beginning, especially in

hemorrhagic cases.

Half a century ago now, when in my "teens," I was said to be in a "decline," chiefly from over-study, want of outdoor exercise, and an indiscreet diet. After many months of treatment -drug-swallowing-by two or three of the ablest physicians in this county, a book, written by a New York "M. D.," chanced into my hands, rationally explaining the value of the erect posture and deep breathing. The book was published, apparently, for the purpose of selling a very simple "inhaler"—a short tube with a valve. I have the book still, and value it highly; did not buy the inhaler, and forthwith seized upon the "idea," the function of respiration being so simply (and correctly) explained, and used my nostrils and puckered lips as an "inhaler" and exhaler. I improved so satisfactorily that during all my practice, of about forty years, I have invariably employed this super-respiration as the remedy in phthisis.

#### THERMOMETRY.

By S. C. MARTIN, M. D.

The intelligent use of the thermometer is indispensable to the scientific treatment of disease.

The normal temperature in a healthy adult, in the axilla, is on an average 98.5° F. In the rectum or vagina it is ordinarily about 99° F. But it must be remembered that the temperature fluctuates. This is true in both rest and exercise. It rises from early morning to 8 P. M., reaching its maximum about the latter hour; then it slowly falls until 5 to 6 A. M., when it reaches its lowest point. These facts must be borne in mind in estimating the significance of clinical tests with the thermometer during each period of twenty-four hours. Temporarily the temperature may vary from 97.5° to even 100° in a seemingly healthy individual. It is important to note, in connection with the temperature, the frequency of the pulse and respirations, and also examine the urine with a view of ascertaining the amount of waste products, by which the temperature is often influenced.

The thermometer is but one of our guides in the treatment of disease, and is even then only serviceable when properly used and properly interpreted. It is a common practice with many physicians to leave the taking of temperatures in the sick-room entirely to nurses. I have known of instances where the physician prescribed for patients who were dangerously ill without seeing them, depending entirely for information of the patient's condition upon the temperature record of the nurse, which was daily forwarded to him. Can anyone doubt that such a use of the thermometer is an evil, if not a crime? Many physicians, especially beginners, depend too much upon the thermometer, and too little upon the pulse, tongue, objective and subjective symptoms, and physical signs. The excretory organs furnish much valuable information. The urine, fæces, and even odor of the perspiration furnish material evidence upon which to formulate opinions. The thermometer must not be used to the exclusion of all such valuable sources of information. The successful and reliable physician will avail himself of all different kinds of evidence obtainable in each case.

In children the temperature may go up rapidly and fall quite as suddenly, without any assignable cause. These sudden fluctuations may alarm the physician who is not prepared for them. Highly strung, nervous, and hysterical females also will show anomalous temperature fluctuations, which should be properly interpreted by the physician, irrespective of the thermometrical findings from clinical tests. Subnormal temperatures must be expected in certain pathological conditions, such as starvation, hemorrhages, wasting diseases, and collapse from any cause. A temperature between 97.5° and 96° is usually considered subnormal, but when it falls below that point it is known as collapse temperature. These physical expressions demonstrate the folly of depending upon the thermometer test apart from the influences which operate to produce varying ranges of temperature. As rational physicians we should understand the limitations of thermometry as well as other instrumentalities in the treatment of disease.

### THE HYPODERMIC SYRINGE.

By S. C. MARTIN, M. D.

What we have said in reference to the misuse and abuse of the thermometer is equally true of the hypodermic syringe. The only difference is, in the former, the bad results which follow the misleading evidence of the thermometer are sec-

ondary, while in the latter they are primary. Very often the demand for the hypodermic syringe is urgent, and nothing else can take its place. A patient is suffering and calls for immediate relief. Here the hypodermic syringe is a welcome aid. It finds its appropriate use in very many pathological conditions, but it is often used as a matter of convenience when other methods of administration would be better. Often too little attention is given to the character of the instrument or solutions injected. The syringe is septic, and the solution is contaminated with bacteria. Ordinarily, physicians are in the habit of preparing their solutions fresh from special tablets manufactured for hypodermic use. Danger often lurks in this practice. It is still customary with many pharmacists to manufacture tablets from unsterilized drugs, in ma-chines that are never disinfected. They are handled by employees who know little, and care less, about the demands of asepsis. Now, if the physician has neglected to sterilize his hypodermic syringe and also to render aseptic the site selected for the operation, a mixed infection is likely to be conveyed to the patient. A careless and routine use of the hypodermic syringe has brought it into disrepute. As soon as its use becomes limited by a discriminating judgment and guarded by a rigid observance of the principles of asepticism, it will be restored to its proper place among the equipments of progressive medicine.

#### COLD BATHS IN DELIRIUM TREMENS.

Salvant (Thèse de Paris) states that the treatment of febrile delirium tremens by baths at 18° C., or tempered according to individual cases, constitutes a therapeutic method of choice capable of inducing rapid resolution of symptoms. The temperature being reduced, the motor and sensory hyperexcitability usually disappear. Salvant argues that by using this plan of treatment the infection and autointoxication are directly antagonized. The method is then a pathogenic one, and not only symptomatic. Well-marked cardio-vascular disease is, however, a contraindication to its employment.

### THE ANTITOXIN TREATMENT OF DIPHTHERIA.

Antitoxin began a promising career with comparatively small doses. Now 60,000 units are given in cases in which 6000 formerly accomplished the desired effect. Antitoxin is a rapidly vanishing possibility, because it antagonizes only the diphtheria toxin; the latter is an unknown

quantity; the clinical phenomena are induced by bacteria other than the Klebs-Löffler; many Klebs-Löffler diphtherias are barren of all clinical evidences of diphtheria; it is impossible to give the remedy early enough before the toxin has done its harm.—Adolph Rupp in Med. Record.

### Correspondence.

Editor Homeopathist:

You left out of your September 1st editorial one reason why the American Institute should not go to Cleveland this year; that is, because for the President-elect to choose his own city would look too much like using the Institute to further selfish interests. No member great enough to be elected to the presidency is small enough for that. Let us go to Niagara Falls first.

Truly,

C. B. GILBERT.

Washington, D. C., September 9, 1901.

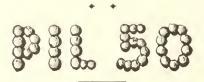
Editor Homeopathist:

I want to thank you for your editorial upon "The Repertory Question" in your last issue. Though born into the profession with the strongest possible hereditary and acquired prejudices against homeopathy, during my thirty-two years' practice I have been compelled to admit that S. S. C. is frequently correct. In fact I have prescribed with success, in accordance with that law, drugs that I never saw or heard of being prescribed by anyone else for similar conditions. But I have refused to accept the law as universal, on account of the Repertories. For it seemed to me these large tomes should have all the needed directions to meet most drugs and conditions; and yet, like yourself, I have been disappointed in getting aid from them.

As to carrying them to the bedside for purposes of study, I would as soon think of carrying a skeleton with me for purposes of study to a patient with a recent fracture. The stories regarding marvelous cures obtained by the study of Repertories, which you have classified as "stories," have kept me continually upon the horns of a dilemma. If true, I was "short" in brains or had not used them. As I had endeavored to use them to the fullest extent, you can imagine how promptly the human nature with which I am plentifully endowed led me to hail with delight the statements so congenial to me found in your editorial. For, full success in curing—the only field outside prevention where the profession can demonstrate its right to bemy experience leads me to believe it needs, in addition to the materialism of the regular school and the dynamics of homeopathy, the aid of all that is good in hydropathy, osteotomy, et al., molded into a homogeneous whole by the eclectic idea of specific medication—provided it could be broadened into specific therapeusis.

Yours truly,
GEO. M. A. AYLSWORTH.

Collingwood, Canada, August 26, 1901.



#### ff John Uri Lloyd Were a Homeopath.

Mixtures are not identical with the original drugs. One of the principles of the eclectic school is that of simplicity in prescribing. We learned by experience that our compounds of the olden time could not be given for the direct effect of the single drug. Whoever mixes drugs must expect not only the modified results of the drugs that influence each other, but the altered results of the drugs that disturb each other chemically. New compounds are formed, original constituents modified, decomposed, lost. By these rearrangements the old goes out, the new comes in, and often the expected results are not only not obtained, but altogether different returns are seen.—J. U. L., in The Eclectic Med. Jour.

That only goes to show that the eclectics have not yet learned the great lesson which the modern homeopaths (Ltd.) have learned; namely, that drugs in compounds act better than when given singly. For instance, if rhus is good for rheumatism, and bryonia good for the liver, and cina good for worms, by combining the three remedies in one tablet you can cure anything within forty rods of the grave. Bro. Lloyd is a very fine chemist and a wonderfully successful author, but he has a vast slew of things to learn in modern chemistry, of remedies, and in the action of combination tablets. We wonder that his school finds any foothold anywhere when it gives evidence of such crass ignorance in the matter of chemistry and therapeutics. Better buy a few blocks of better-than-Governmentbonds stock and a manual of modern-day combination-tablet homeopathy which so many of the most eminent homeopaths use,—vide the printed recommendation of an ex-registrar of a homeopathic college,—and be progressive and scientific. Of course the old original homeopathy, the kind that Hahnemann used to use, did advance and believe the same principle of the singleness of drugs. But to apply medicine in that single way was too slow and too laborious a process; so the homeopathic pharmacies (limited) have come to our aid with all manner of combination tablets and twenty-per-cent.-dividend-paying stock; and the result is easy—dead easy.

#### Re Johnson, Ne John Henry.

You are right, Johnson, in believing that skyblue "pants" and "yaller" coat are not de rigueur on festive occasions. And, further, that a person wearing such raiment is not henpecked nor under the care of his wife. In this instance, Luther notwithstanding, a man is NOT what his wife makes him. This blue-pants man's wife is never seen in public. Why? Oh, just because! And as to public office, and being good, Johnson, that doesn't mean that a tax-eater shall carry strong water on both shoulders and between, and yet hope to escape a drenching. They say that a certain wayfaring man having gone down to Richfield Springs, which is a little inland station in New York, promised to work and vote for Cobb—because, in the recent aforesaid time, the Cobb faction lent glorious assistance at Omaha to the aforesaid wavfaring man. However, when this w. m. was preparing his ballot, he was seen to vote for Wood; but, mark you, before he could cast this honest ballot and be good and golden-rulish, he was intercepted, and made to go with a guard to the hotel to confront his accuser. Fancy that great and beautiful spectacle, Johnson, of a tax-eating, love-one-anotherprating official, being waltzed over a considerable plot of green grass with intercepting trees and astonished people, to a distant spot, at the point of an imaginary fixed-bayonet, to face an indignant friend, when it would have been such an easy matter to have shown the ballot held in his hand! As with some other would-be-goods, when cornered, he hedged, Johnson; he hedged; he prepared a new ballot and let the guard see that he voted for Cobb, but exposed no remaining part of the ballot. And that went! And, say, Johnson; did you notice how quickly some people know when a three-story brick dwelling, with mansard and outhouses, is like to fall upon them? Funny, isn't it? Upon sober second thought,—after reading the American Homeopathist's criticism and comment on the proposed Runnels Resolutions, and marking how inevitably their adoption would not only cut off all chance for an increase in pay, but indeed cut out the office itself,—behold how sweetly and logically he, this w. m., discovers that this proposed plan will not be in the best interests of the American Institute! Certainly not! What we done tole ver? Now watch out for some rattling good grammatical editorials upon the duty of the membership to vote down this resolution. And finally, Johnson; don't you think it would be a wise move for your golden-rule friend not to throw so many muffled bricks just now about the offices belonging to the Society, and not, by implication, to those who sit up nights, not always with a sick friend, but in the shadow of threehandled loving-cups swimming to the brim with refreshing liquids, and who, theretofore, had used every ward-boss measure known to the meanest and filthiest of politicians, for months preceding, to corral enough of votes to entrap an office "which belongs to the Society"? Sir?

### Globules.

—We shall watch with interest the appearance of the Transactions of the Richfield meeting, to note what answer was given to a question asked in the Materia-Medica Section; namely, "Shall Anything be Taught in a Homeopathic College but Homeopathy?" We could not catch the answer, if there was any answer; and we shall want to know how the matter was disposed of.

—The Resident Clinical Staff of the Homeopathic College and Hospital of the University of Michigan, at Ann Arbor, consists of W. B. Hinsdale, A. M., M. D., Clinical Medicine; R. S. Copeland, A. M., M. D., Clinical Ophthalmology, Otology, and Laryngology; W. A. Dewey, M. D., Clinical Neurology; C. B. Kinyon, M. D., Clinical Gynecology and Obstetrics; D.T. Smith, B. S., M. D., Clinical Surgery; D. W. Myers, M. D., Assistant to Department of O. O. and L.; T. J. Ritter, M. D., Assistant to Clinical Medicine; F. E. Westfall, M. D., Pathologist; G. A. Robertson, M. D.; A. S. Moore, M. D.; N. W. Thompson, M. D.; A. T. Hoxie, M. D.; Hospital Interns, assisted by eighteen nurses from the Training School.

The college will open, formally, September 24.
The Practitioners' Practical Clinical Course

will begin about November 1.

—"D'ri and I," Irving Bacheller's latest story, which has been running in the Century, is finished. It was an interesting account of some of the incidents of the war of 1812. It was in the same general vein as "Eben Holden." In fact D'ri was a continuation of Eben. It held the interest to the last and will take its place with the

other books of this author. A novel paper upon a novel subject, in the same magazine, is a description of New York's Mid-Air Clubs; being a well-written and easily readable story of the places 'way up in the sky where the different guilds of New York eat, and from which aerie perches they may look upon humanity, a couple of hundred feet below. The pictures accompanying this article are cleverly drawn and set the paper off to fine advantage.

—Dr. C. E. Sawyer of the C. E. Sawyer Sanatorium Co. at Marion, Ohio, writes to correct an erroneous impression concerning the class of cases treated at his establishment. He says that the professional work of the sanatorium is divided into four departments, medical, surgical, neurological, physical, and mechanical. This is one of our most excellent sanatoriums and is worthy the patronage of every homeopathic physician.

—A study of the life and work of Dr. Robert Koch, whose paper at the Tuberculosis Congress in London has provoked so much discussion, is contributed to the Review of Reviews for September by Dr. Herman Biggs, the eminent bacteriologist of New York. Dr. Biggs gives a full and authoritative statement of Dr. Koch's relation to modern preventive medicine controverting much of the ill-informed criticism that has recently appeared in the press, and setting forth clearly and succinctly the methods followed by the Koch school of bacteriologists here and abroad, together with the results thus far attained.

—Already we notice the advertisement, in one or more of our exchanges, of good sites for homeopathic physicians in Ohio towns, the information to be supplied by the Registrar of one of the Homeopathic Colleges. This may be a clever device to have the great outside student and preceptor world know that there is lots of room at the top—in Ohio. It may also be a genuine long-felt want, since now we, in Ohio, have reached the exclusiveness of that thickly settled State Minnesota, where for years there have been whole rafts and slathers of locations for doctors, but which seem always open, waiting for applicants. When a State goes into the public prints and advertises for doctors, then it would seem that those fortunate ones within its borders ought to be doing a land-office business, riding in gasoline mobiles and wearing storeclothes. In Cleveland we still hear the cry of nothing doing and collections bad.

—Dr. Henry R. Stont of Jacksonville, Fla., writes to ask the Northern profession to visit the Southern Homeopathic Medical Association at its next annual session in Atlanta, October 22

to 24. The Doctor makes an eloquent plea for a good attendance, basing it upon the good it will do homeopathy in the South, where we have as yet so few adherents. The letter contained a graphic account of the fire which had swept lacksonville almost from the face of the earth. wife and I have been living in one room, taking our meals at 'hasheries.' My office is sometimes used by one of my children as a bedroom when they happen to be in town. . . My house is now building, to be completed in November, when I shall once more be 'at home' to my professional brethren when they come this way." The whole letter has in it not one word of complaint, not a whimper of discouragement, notwithstanding the magnitude of the loss to our good Doctor. He has accepted the situation and starts out anew with courage and resolution. May abundant prosperity attend him! So say we all of us.

—After an absence of over a year Lippincott's Magazine has returned to our Exchange Table, and we give it a hearty and old-time welcome. It was with this magazine that we started in on our literary career. It came to us when we first began, and continued a steady visitor until after the fire in its publishing house; then, for some reason, it ceased to come. We missed it sadly. It comes in a new cover, but in all things else it is the same bright, well-edited, newsy monthly that it has always been. The complete story "A Knight of the Highway" deals with the hop industry, apparently near Ithaca, N. Y., and winds in a pretty little love story. In our estimation the last two words of the story would have been a better title for the story than that given to it. Other of its shorter stories are, as usual, good.

—Editor Allen gives currency to the report that the reason why the Chicago Homeopathic College opened its doors to women was because of the secession of a class of thirty from Dunham College, many of whom were and continue to be women. Well, well, how those Chicago colleges do love each other, to be sure! And the grand and glorious instructor of modern homeopathy, such as Hahnemann in all his wildest visions failed to conceive, seems to have failed in his holding powers. One would have naturally supposed that having lived in Philadelphia so long, and become so famous for his homeopathic cures—mark you, we say cures—that the other Chicago colleges must needs be depleted upon his arrival in their inland seaport town. Isn't it about time to receive another million-dollar bequest on paper from some prospective speculator, if he makes a good haul?

But why does that erstwhile foremost medical magazine, The Medical Advance, with subscribers and contributors in all parts of the world and New Jersey, descend to making itself the purveyor of the Hering College annual announcement? What's the trouble, Father Allen? This isn't homeopathic journalism. This is a cheap way of getting the annual college printing and crowding it into the offices of your many subscribers, whether or no. It's a first-class advertising scheme, but it isn't journalism. And we happen to know, having served a little apprenticeship with you, that you do know what constitutes good journalism, whose law is progress a point which yesterday was invisible is its gaol to-day, and will be the starting post to-morrow. But this doesn't have reference to Hering College—or does it?

—For Sale, Medical Books.—A physician giving up practice offers the following books at less than half value. All in perfect condition. A "Regional and Comparative Materia Medica," Malcolm and Moss, at \$2.50; Hahnemann's "Chronic Diseases," \$4.00; Gross's "Comparative Materia Medica," \$4.00; Wood's "Text-Book of Gynecology," \$3.50; Fisher's "Diseases of Children," \$3.00; Parvin's "Obstetrics," \$1.50; Rotch's "Pediatrics," \$2.50. Doctor C. C., care A. L. Chatterton & Co.

—The Medical Advance for July, 1901, with the fearless Allen behind the ax, pays its respects to the incoming president of the American Institute of Homeopathy. It takes up anew the question of his membership in the British Gynecological Society, and explains, in an apparently plausible way, the acceptance by that allopathic body of the eminent homeopathic gynecologist as a member. This matter ought to be put at rest, once and for all. If the incoming president has it in his power to quiet these nasty rumors concerning the manner of his entrance into an allopathic society, and his alleged betrayal and denial of homeopathy in order to become a fellow of this said allopathic society, he should make it public, over his own name, and not through the interested defenses of some of his near-at-hand friends. The defense and explanation will not lower him with the profession. And to continue silent will certainly smirch the homeopathic ermine and defeat his efforts to be a popular president of a homeopathic institution, the oldest and most representative in the whole world. Such explanation should be given to the whole profession, through its journals—with a complete and absolute barring out of the sensational newspaper press.

#### The American Homeopathist.

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Vol. XXVII.

# The American Ibomeopathist.

OCTOBER 15, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

#### THE PRESIDENTAL AFTERMATH.

A MERICAN MEDICINE (Gould's new journal) comes to the rescue of the physicians—or, rather, surgeons—who attended our late and deeply lamented President. It would have been wiser not to have engaged in excuses, since an old French maxim has it that they who excuse, accuse. It might be a severe test of the talented editor's defense of the profession as a profession, and of these several surgeons, as shining lights in that profession, if these gentlemen had been homeopaths.

HOMEOPATHY has many eminent surgeons to-day—especially in New York State. There, for instance, are Wm. Tod Helmuth, J. M. Lee, and De Witt G. Wilcox—a trio who will take no second place in surgery to any other members thereof. The last-named, a resident of Buffalo, is a star member, thorough, skillful, and successful.

DERHAPS the profession has already noted that there was no physician in attendance: all were surgeons, and, at the last, specialists. Neither are we inclined to quarrel with these eminent people. They did their very best and for this they are entitled to respect. But suppose the President had been John Smith, residing on Detroit Street, Cleveland, shot through the stomach; and an ordinary general practitioner called to the case. He would of course have called in a surgeon and proceeded much as these other surgeons did. But the general practitioner would have continued in charge primarily and watched the condition of the individual John Smith, and so have tided him over the constantly arising changes in his condition from a John Smith standpoint. The surgeon would have

watched the progress of the wounds. And between the two, John Smith would have most likely recovered; or, if that is too sharp a reflection upon the eminent men who did have charge of the President, let us say this twain would not on the day preceding John Smith's death have issued a bulletin concerning the purity of his blood—from a scientifically conducted, microscopical blood-count. For surely, if gangrene had followed the wound almost from its inception, this general practitioner and his brother, the surgeon, would have noted it and taken prompt measures to check or cure it. Gangrene is not invariably an incurable disorder.

TO say now that the death of the President is involved in mystery, and endeavor to add intensification to that mystery, by referring to the unknown functions of the pancreas, is not satisfactory. It is begging the question.

PR. GOULD refers to the necessity of the presence of the general practitioner in surgical cases; so that we may not be charged with rabid criticism of the surgeons when we repeat our many times stated belief that surgery is an aid to medicine, but that medicine is the primary factor in ALL cases. Of late years, unhappily, science has put the laboratory in place of the medical man's experience and judgment: surgery and all its varied and minutely divided specialties are THE primary consideration, and medicine is relegated to the domain of teas and herbs and teething and worms.

T is a matter of question, of course impossible of solution in the distinguished case, whether some of the scientific processes resorted to, to render hands and instruments aseptic, had

naught to do with the infection. Mercurial poisoning has been known to follow upon operations.

EVEN admitting the truth of the asseveration that rectal feeding had proven absolutely inadequate, and, therefore, feeding by the stomach was become a necessity, still it is a question whether in the simplest case of laparatomy a trained nurse would have administered the food that was given.

AND every general practitioner in the land must have been aghast on reading the list of articles which had been given the perforated stomach to "chew up."

H AS not the much-vaunted science of the laboratory produced predigesting compounds with which an ordinary breakfast is easily prepared, so as to save the peristaltic necessities of a lacerated and presumedly healing viscus?

SURGERY will yet have to learn that a man must be treated from an individual standpoint, his own Totality, and not as one member of a large class of individuals.

DR. SHRADY of the Medical Record fails to see the conduct of the late President's physicians (surgeons) in the same satisfactory light with Dr. Gould of American Medicine. As we said before, it would have been better if the latter editor had not assumed the rôle of excuser, for by so doing he became accuser. Imagine, for instance, what would be said concerning vourself, Doctor, in even an ordinary laparotomy case,—say in Lakeside Hospital, Cleveland,—if you had, twenty-four hours before death, announced the absolute getting well of your patient, had given him solid food and promised a cigar! And the President's physicians (surgeons) must stand or fall by that same court of criticism. It might be well to adopt Dr. J. C. Wood's dictum concerning appendicitis, in relation to operations in general: that you can never know, at the beginning of a case, what kind of a case it is going to be. Hence, proceed guardedly, as if the worst case lav before you.

IT was truly a most remarkable case of error when the profession recalls the eminence of the surgeons—especially Roswell Park and Mc-

Burney. Surely, if men of this order of celebrity can make such direful mistakes, then we others of the profession, who have not attained, and never can attain, to national reputation and fame, need not grieve inordinately when disaster overtakes some of our pet cases.

THE boasted advance of surgery since Garfield's martyrdom has had a shattering fall-down. Of what avail the antisepsis, the bloodcount, the X-ray machine, the serum therapy, and the other much-heralded scientific surgical discoveries and inventions? In the Garfield case the surgeons were cruelly condemned for not finding the bullet. Since that time surgery has become an arm of scientific precision. And yet, neither has the bullet been found in our own loved President's case! What has been the advance?

ABORATORIES, full-rigged and caparisoned, for years have been loudly beating their tomtoms concerning their undoubted ability to predigest a full meal within the compass of a four-ounce vial, and with this nourish a weakening patient who could not take solid food. Why, then, resort to solid food on the sixth day? Where was the boasted scientific progress?

POSSIBLY the medical schools, so many of whom have lost the pearl of great price,—MEDICINE,—substituting therefor the glittering chemical devices, the microscope; who have been running amuck on the bacilli-fad, may presently rediscover that medicine deals with individuals and not with classes; that no two men, the entire world over, are alike; that there are idiosyncrasies in every case which must be reckoned with in addition to the bullet wounds. A medical school—should teach Medicine!

"PHYSICIAN AND Surgeon." Not the other way. Or, as in England, a medical man—Doctor; and Mr. Smith—surgeon. The medical man calls the surgeon to his aid. But the surgeon does not carry the case alone. The medical man is in charge.

A SURGICAL case is never a pure surgical case. It is a medical case by first intention, with the accidental surgical incident.

INJECTING crude doses of strychnine and digitalis hypodermatically by surgeons, to sustain a failing heart, is not giving medicine by those who give medicine every hour of every day to the individual patient. Laboratory experiments on the lower creation have proven to the chemist that these strong drugs have a resuscitating action on them—the animal creation; ergo, the same action is true of the human family. And still Professor Koch has lived long enough to show the fallacy of animal experimentation when applied to the human species; as our own immortal Hahnemann taught a hundred years ago!

THE operation was successful.

#### THE CANTON FUNERAL.

Dr. R. B. House, Springfield, Ohio; Dr. T. T. Church of Salem, Ohio; Dr. Gaius J. Jones, and Dr. C. C. True of Cleveland were present at Canton in the ranks of the two thousand Knights Templars to perform the last knightly rites to our departed President.

It is to be sincerely regretted that because of some rabid nonsense on the part of the local committee concerning masonry we—as masons and Sir Knights—were shifted to a side street, permitted to stand there for four hours, in the drizzle, cold, and wind, opposite a Catholic Church, without food or shelter, and not called to our place in the civic parade until the funeral had been concluded.

When the Sir Knights eventually at dusk received the marching order, the casket had been deposited in the vault, and the hearse met us as we struggled up that dusty country road. Because of this puritanical spirit, the Knights Templars saw nothing of the parade—absolutely nothing. They were hurried by the locked up, military-guarded vault, across one corner of the cemetery at a quick-step, and dismissed.

There had been a struggle the night before with the local committee and the representative of the Grand Commander of the K. T. of Ohio. President McKinley was a member of the Canton Commandry, and it was deemed not only fitting, but a right belonging to that Commandery to have a representative watching with the casket. Here the storm broke first. There was an absolute refusal to permit the masonic bodies to have any representative near the casket. Nothing but the threat to telegraph this discourtesy

and insult to every Sir Knight in the United States moderated the decision and gave tardy and ungracious permission for a Sir Knight to keep vigil with our departed Sir Knight. But next day the other two thousand Knights Templars were made to suffer the inclemency of the day, and the ridicule of being left out of the procession, and not permitted to march until the funeral was over.

In Cleveland the saloons were closed—all day—upon the initiative of the saloon keepers themselves; in Canton they were wide open and doing a land-office business. The Sabbatarianism of the eighteenth century could array itself against the masonic fraternity of which the martyred McKinley was an honored member, but permitted its firewater factories to continue unmolested.

The lining of the several streets along the curbstones at intervals of ten feet with soldiers to restrain the mourning people from crowding into the street gave the momentary impression that some living monarch of the Old World was about to pass along those streets.

And the military—brave boys in blue—God bless them all!— were very efficient in doing civil police duty; holding the streets open while the militar; conduct of a civic funeral passed along. It was the burial of the Commander-in-Chief of the U. S. Army and Navy. The modest, peace-loving, upright citizen of Canton and President of seventy-two millions of citizens, the great majority of whom do not wear gold braid and epaulettes, was forgotten or ignored. And still among all this army of brave men, and all these guards and protectors in "plain-clothes," there wasn't one near enough or quick-eyed enough to strike down that muffled hand!

But after the smoke of that pistol had poisoned the atmosphere, then, Lord bless you, how the soldiery was rushed to the front and the sides of the stricken chief to protect him—from newspaper correspondents and sympathetic, loving, sorrowing citizens!

William McKinley was the personal, loving, intimate friend of every American citizen, and of every other peace-loving, upright man or woman in the entire world. He was especially noted for his democratic ways, his distaste of the ostentations—the pomp and circumstance of war—and his great sympathy with the common people, who heard him gladly. He met his fate while giving his hand in token of friendship to his murderer. And yet everywhere, from the shot that was heard around the world to the sealing of the yault, it was the military.

All honor to the military of the United States on all military occasions. But the dead President belonged to the millions of common people from whom he sprung

#### ON CARDIAC THERAPEUTICS.\*

BY T. C. DUNCAN, M. D., CHICAGO.

As we are approaching the amalgamation of the whole profession, a great duty is before us. We all know that our so-called regular friends have no scientific materia medica; nothing that will at all compare with the drug pathogenesis that we possess. What is true of the Allopathic school is equally true of the Eclectic wing of the profession. Also, when we come to the application of drugs to disease, behold what meagerness; what weakness; what a confession of ignorance of drug action on the great field of battle! It is true that it excelled the old doctor's "twa simples,"—" Laudamy and calamy,"—but not much. Look at the work of scientific Osler, or any other strictly modern regular work on practice.

Far be it from us to boast. We are barely out of our short clothes. Shall we reveal our weakness also? Come with me, and we will look over the list of heart symptoms. How meager, and how mixed up! No wonder heart cases multi-

Hahnemann gave us an idea of the dual or consecutive action of drugs, so that one effect was just the opposite of the other. He died before he was able to point out the "getting-well" end of the drug action. That was a part of the unwritten study of drugs, as I discovered in talking with old Dr. Hering. For example, he said that mercury worked from without inward. So does syphilis. Mercury is, therefore, similar to syphilis. Sulphur works in an opposite direction, so said Hering; therefore, it antidotes mercury. Keep that opposite idea in mind; we will recur to it.

I am inclined to the view that sulphur swings all around the circle. It goes somewhere to develop its 2000 symptoms. Do not find fault with our materia-medica students for not wiring these symptoms and showing us the course of action and the pathological changes produced as it plowed along its course. Hahnemann did not have the light of the physiology of to-day to do this work; therefore he gave the symptoms their anatomical basis. We need someone; yes, we need a concert of study along this line. Let us study our drugs separate from any idea of dis-

What is the course of action of aconite, belladonna, arsenicum, veratrum album, apis, gelsemium, digitalis, nux, mercurius, sulphur, etc.? Here is a great study. We want no guesswork; let us take Allen's great storehouse and hunt the symptoms until we are able to show that they

follow a distinct course, and each drug a separate one. Some are directly opposite, and others are as much alike as twins, but still have shades of difference.

Before we can invite the whole medical profession to accept our great work we must give our materia medica a scientific basis—pathological, physiological, as well as anatomical. key will be prepared by someone by and by.

Now, then, a word about drug curative action. We should stamp in our minds the fact that this field is entirely distinct from drug study-materia medica. Therapeutics belongs to the practice of medicine, and is a separate science.

The first degree in this mystic order should be the antidotal effect of drugs upon each other. In Hahnemann's day vinegar was regarded theoretically as the universal antidote to all other drugs. He came to regard coffee and camphor as the chief antidotal drugs. How do these antidotal drugs act? Is it along the law of similia or contraria? We know that an acid will antidote an alkali chemically; but will it also act in the same way physiologically.

Here is a field for further investigation. Does mercury act opposite to sulphur in the body? The symptoms should tell us. Are belladonna and the sulphate of atropia opposite or similar to the opium and sulphate of morphia? What figure does the manufacture of atropine and morphine cut in confusing this toxical problem?

This will prove an attractive field to interest all medical men—women have a field expressly their own.

Homeopathic physicians should be past masters here, able to lead the inquiring host into wider fields.

The second degree in the field of therapeutics is the effect of drugs upon the body to predispose to disease and to set up chronic or constitutional disease types. What are the various forms of the mercury disease? What are its effects upon virility, vitality, and development? Can we trace its effects upon the present generation? Can we differentiate its effects from those of syphilis? Can we study these questions as they did in Hahnemann's day?

Are all the many loose-jointed people we meet calcareous subjects; or is there a sycotic taint; and is the remedy in either case thuja? or the antidote to calcarea lycopodium? Can we see a gonorrheal infection ages ago in the many warty,

mothy subjects we meet?

Living to-day, we little realize the wrath and confusion over the scabby question that raged before Hahnemann was born; or the origin of the term psora, which, like malaria, was a mantle thrown over a mass of ætiological and pathological ignorance.

If coffee, camphor, and vinegar are antidotes,

<sup>\*</sup> Presented to the Kentucky Hom. Med. Soc.

what are their constitutional effects? What havoc are coffee, tea, and tobacco—yes, all stimulants—causing on our race? This problem should interest every family physician, and especially obstetricians.

The answer to that problem leads up into the third degree of practice; i. e., the causes of disease. What are they? Why are they? When are they? To answer these questions will lead

us too far afield here.

The fourth degree deals with the clear-cut natural history of disease. What is the natural history of scarlet fever? Now the smooth Sydenham type that belladonna snuffs out; again the rough form that rhus controls? What is the natural history of a case of angina pectoris that cactus controls? If cactus is the similar remedy, a study of the cerebral and spinal course of its effects should tell us. Given a case of ovaritis that belladonna or some other drug controls, what was the natural history of the case? Here is a field for our women physicians to work in. We will learn much from the remedy study of this question.

If the whole profession would divide themselves into classes to study the course of diseases and course of action of drugs on special organs, while a few able men would master the constituional questions, they would lead us into the advanced degrees of therapeutics, whose guide, we claim, is similia. That must be demonstrated to every inquiring medical man. Who will study heart diseases and cardiac therapeutics along

these lines with the writer?

We can divide our heart cases into three groups:

1. Developmental-constitutional.

Mechanical.
 Inflammatory.

(1) The heart development is controlled by muscle and nerves. Defect of either gives a class of cardiac cases whose symptoms are prominent at some other part of the body; usually explained under the general term "debility." The

similar remedies are easily selected.

(2) The mechanical cases can be divided into two classes—muscular and nervous cases. The athletic crowd and those who overdo (women as well as men) belong to one class; while those who worry, study, and plan belong to the other class. These people are brachycephalic and usually have tachycardia. These hearts grow old early, and it is our duty to keep them braced up. The degeneration of a hypertrophied heart is along one of these lines: dilatation, fatty, or fibrous. The remedy must correspond to the natural history of the case. Similia, pure and simple, guides. To unravel one of these cases is often most difficult.

(3) The inflammatory class belongs to the

type known as rheumatic, although inflammation may be primary. It may be met by the three inflammatory remedies: Aconite, bryonia, and veratrum viride.

The natural history of these cases should be carefully ascertained, while someone will solve the pathology of rheumatism, whether hepatic or nervous or bacterial; and, if so, what changes take place in the blood stream to cause endocardial irritation and inflammation? In all cardiac cases we are confronted with the problem: "What reparative work can our remedies perform on this ever active organ? Much, I believe! If muscular enlargement (hypertrophy) can be controlled by baths, and stiff joints made supple, the fibrous changes in the valves even may be controlled by such deep-acting drugs as bryonia and kali carb., etc.

We have much to learn about (1) cardiac diseases, (2) heart drugs, and (3) cardiac therapeutics. Let us take up this work to mutual advantage. In my little "Hand Book on Diseases of the Heart" I have attempted to aid those not

expert in this field.

#### CONCERNING PICTURES.

That pictures in medical books and in some medical journals are a necessity goes without saying. There has been recently an instance of a half-tone picture appearing in the body of a magazine article, in one of the leading homeopathic journals, which is indecent and should not have been given print room. If the medical journal were confined to the sacred purlieus of the inner sanctum of the doctor, some measure of justification might lie for this publication of an obscene picture. The editor always indulges the hope that his journal may find place on the waiting-room table—nay, in some instances, even reach the table of the interested laity; but to send an article, thus illustrated, to a general medical reception room, or into the mail of a private family would give rise in the reader's mind to a good deal of doubt as to the quality of decency on the part of the author, and much less of business judgment in the editor in permitting such pictures to appear. Again, the author will doubtless insist upon his ancient right to the pound of flesh—the fifty reprints, which, the same, he will scatter with a free hand where they will do the most good—for himself. Fancy such a reprint, thus salaciously illustrated, falling into the hands of the average young man, or even of middle-aged! Fancy your high-school daughter viewing this picture! Besides all this, the picture shows nothing of interest to the average medical man, but does show a great deal to any other man. This mania for printing photographs of rare things found in and on the human body has been pushed quite to the limit. It

is time to drop the fashion.

On the other hand, as an illustration of the appropriateness of pictures, we call attention to that new book just issued from the press of the D. Appleton Company, "The Diagnostics of Internal Medicine," by Glenforth Reeve Butler, M. D., which is filled with half-tone photographs of men and women, but which photographs have been marked and painted so as to illustrate the regions of pain, what those pains indicate, and the real seat of the pain when at a distance from the apparent site of the same; the localization of disease and the like. In this instance, as in all instances of text-books, the half-tone pictures are apropos, and add to the charm of the book, aside from their exceeding effectiveness in giving illustrations of that which the medical man most needs-a visible sign for pain and disease symptoms which are recited to him day after day and hour after hour. For it is evident to every man that a text-book is for that profession only; and that that which it contains is a professional necessity, a professional secret, and sacred to that profession.

#### THE BLOOD-COUNT.

In a recent paper by Dr. John B. Deaver, in the Philadelphia Medical Journal (June 1, 1901), occurs this statement: "In the last few years there has crept into the profession a tendency to replace the bedside by the laboratory as the point from which to make the diagnosis; to substitute the highly magnified but extremely limited field of the microscope for the broader view of the eye of the physician. This we regret, for in the majority of instances the diagnosis must be made at the bedside without the aid of the microscopist, and any man who has no confidence in diagnosis made without the aid of the laboratory limits his usefulness."

The special point at issue and about which this paper writes itself is in relation to the modern scientific blood-count for determining the presence or absence of certain diseases. The eminent author does not give the method a very warm hand; on the contrary, he cites a number of reasons why the method is unreliable and inaccurate.

During the past winter a gentleman, whose son had been under a general practitioner's care for a variety of complaints, but from which, during a considerable period, he managed to recover, finally wearied of the lad's continual illnesses. Acting under the advice of kind friends and "tooting" nurses—who deplored the old-fash-

ioned treatment—the child was taken to a blood-counting specialist. And lo and behold! he had any number of long-named things swimming around in his blood! Active medication, looking to the destruction of this myriad brood of blood-destroying things, was advised, and adopted, and carried into execution! Yea, it proved an execution! It was a short journey. And now that man has one child less to feed and clothe.

Dare we refer without sacrilege to the taking of blood from the ear of Our Noble President, which was subjected to the ordeal of the bloodcount only the day before his death, as heralded in the daily press, and found pure and sound and giving every reason for his prompt recovery? Still, when the autopsy was made, it was found that the bullet, after passing through the walls of the stomach, clipping the pancreas and kidney, had left a gangrened path and there had never been any healing by first intention. Could not a condition so malignant be detected in the blood, by the scientific blood-count, after having existed there for at least five days? If it could not, then of what value is the bloodcount?

It only goes to show that the vaunted science of to-day, which puffeth itself up for its methods of precision, must go back to the basis of good common sense for a starting point. The laboratory can never replace good judgment and long experience. The assumption that man is an animate machine, built like every other animate machine from the time Adam was stood up against the fence to dry, is a painful and dangerous mistake. Each man must be treated as and for himself. He is not a machine which may be fed by unsympathetic, scientific hands and expected to give results as proven most logically under the theories of the professors and scientists.

Instead of giving so much time to the ornamental, so-called "scientific" branches of medical education, let us get back to the real things of medicine—to the things we know and can depend upon—and there are many of these. One of the primary lessons to teach is that man is an individual differing from every other individual the wide world over, and even from the dawn of Creation; that he must be studied and handled from the individual standpoint, and not as one of a countless series of laboratory machines which can be incubated scientifically, fed scientifically, treated scientifically—and that machine life preserved and prolonged under such laboratory treatment.

If there was any lesson in the frightful calamity which has overtaken the nation from a professional standpoint, it was to show the uncertainty of thermometer and blood-count. The animatemachine would get well—there could be no doubt

of that; science with its precision had so declared. But the individual man died!

### PUT-IN-BAY.

The Medical Mirror, the herald of Love, for August, gives a page of descriptive matter and a picture of Hotel Victory, Put-in-Bay, which may be a paid-for advertisement. And if it is we none the less think it worthy of consideration by the Incoming Executive Committee of the American Institute of Homeopathy, since Putin Bay was one of the places named in the earlier resolution touching the next meeting place of the Institute. Some cold water was thrown upon the move by the rumors that there was but one hotel there; and that, if the Institute put itself at the mercy of this one hostelry, it would find itself severely fleeced, as it was at Richfield Springs. This advertisement, if it be such, clears away all doubt from the matter and shows the possibilities of this place and this hotel in making the Institute comfortable. And since the American Institute unquestionably voted to go to xo city but the rather to a watering place, this now seems the solution which the incoming President may find ready and at hand. Indeed, as we recall it, President-elect Wood showed us a telegram from Put-in-Bay carrying very much the information which the advertisement con-

Of course if the Cleveland profession—the handful who always represent the two hundred and more of the profession in the Institute and the State societies—force the hand of its resident President-elect, and compel him to do that which common decency would forbid him from doing,—the self-advertising of himself and his college,-and which we believe he has not any thought of doing,—why then, of course, the stenographic records of that last meeting which decided the question of where NOT to go will have to be revised to correspond, and the decision of the President—Norton—and the others who took part in that discussion and voting will have to be also changed, so that the Incoming Executive Committee may be permitted to do about as they

like, willy-nilly.

But we believe that Dr. Wood will not be a party to the undoing of the Institute's will and order, since he must be anxious to have a creditable reign and a joyous unanimous meeting. While we have not upon all occasions agreed with him in professional policies, we have never alleged of him as lacking in tact and diplomacy. For the Executive Committee again to change the will of the Institute—upon which allegation as a principal issue he reached the honorable

place of President—would be hazardous in the extreme. He may of course be overborne and outvoted by his "wicked partners"—the other members of the Incoming Executive Committee. If he is, then the blame for subverting the expressed and presumably recorded will of the people ought to be the subject of a rigorous investigation at the next annual session, to determine who it was dared do this dastardly thing. Dr. Wood does not need the little petty transient notoriety which the meeting of the Institute in his home city might conter. And echoing the note of Dr. Gilbert, printed elsewhere, we believe him to be too big a man to be so little. For if the Institute is brought to Cleveland, in the face of the clearest and most positive instructions to the contrary, it will reflect no credit upon him personally or professionally; because it will be a palpable advertising and exploiting of his college and hospital interests.

Put-in-Bay is convenient to all the clans, whether of the one or the other side. In Cleveland, with all due respect to the movers of the move,—which in each instance came from the college people,—we lack much to make the meeting a success. The Grand Army encampment showed up most wonderfully how ill we are equipped to take care of a large body of people. The visitors were scattered over the seventh city in private houses, in hotels, where cots cost one dollar per night payable in advance, and in boarding houses of the cheap order; while the meetings were held in a half dozen places widely

separated.

We hasten to add that we have no interest whatsoever in the Hotel Victory; that we hold no stock; are not advertising the hotel; that we cannot be bribed (?) as were those former faithful and upright officials—Norton and Porter—Sir? and that if we should go, later in the year, to Russia or other parts of Europe, it will be with money earned from our parish practice and not that furnished us by the proprietors of the Hotel Victory.

—Quite a dilemma was produced a little while ago on the Western circuit by the introduction of the word "dry-nurse" in an address to the court. This bewildered the judge, who asked if a dry-nurse was a nurse who dried babies after they had been washed. That solution did not occur to the learned counsel, who, after some hesitation, said he thought it meant a nurse who was not addicted to drinking. Nobody seemed to know what the term really meant, though several more guesses were made, the last of them that a dry-nurse was one who could not amuse children.—Med Times.

[What is a dry-nurse?—Ed.]

# THE MEDICAL CIBRARY.

#### La Tuberculose et la Medication Creosotee.

Creosote, although it is not now regarded with the confidence that marked its first introduction, is still in sufficiently general use to render the appearance of such a work as Dr. Bernheim's welcome to those who would use it scientifically. Like other writers he has to be content with a somewhat vague account of the chemical behavior of the drug when introduced into the body. He quotes the experiments of authorities to prove that "agglutination" of tubercle bacilli may be observed in presence of blood serum derived from a subject already injected with creosote. very important observation is not much dwelt on, and perhaps the evidence upon which it rests is a little uncertain. As a means of introducing creosote, the author prefers subcutaneous injection as being the best means of administering large quantities, and he finds that creosote carbonate is preferable to the phosphate, although both are to be preferred to pure creosote. He believes that a local disturbance is produced in the neighborhood of the tubercle somewhat similar to that which follows the injection of tuberculin, and on this account there is danger that dormant disease may be called into activity. His experience of large doses administered gradually by the mouth does not appear to have been satisfactory. The latter part of the book deals with the polyethers of creosote. These are regarded with favor, but it must be confessed that much of their virtue is attributed to their power of acidifying the tissues, and thus rendering them unsuitable soil for bacillary development. view rests upon another assumption that there is direct antagonism between the rheumatic and the tuberculous habit, an antagonism which has not been proved by the evidence of clinical history. The action of creosote cannot be said to be fully explained, and the awkward facts of clinical observation are not as vet reconciled with the teachings of laboratory experiments, but Dr. Bernheim's book marks distinctly the present state of knowledge on the subject.

#### Uber die Ausbreitung der Tuberkulose im Korper.

Professor Ribbert, in a work on the spread of tuberculosis within the body, argues that the localization of the tubercle bacillus in the apex of the lung does not represent its first place of settlement in the body. There are often caseous lymphatic glands in the hilus of the lung, or in the neighborhood of the bifurcation of the trachea, which are older than the lung mischief, not only in the case of children, though most obvious in them. Other parts may be the seat of the primary disease process, as the joints of the uro-genital tract. Direct infection of the lung through the inspired air is, he thinks, probably not so common as is sometimes supposed. The facts and arguments for and against distribution by means of the lymph and by the blood respectively are discussed, and the author concludes that it is most probably by the blood stream that the bacilli are carried.

# Aetiologie und Prophylaxe der Lungentuberkulose.

To Dr. Ruhemann, of Berlin, the author of a recent pamphlet on the ætiology and prophylaxis of pulmonary tuberculosis, and probably to most of his readers, even the most recent views on the ætiology of tuberculosis are not altogether satisfactory. Dr. Ruhemann has made it his business to investigate the relation of influenza, amongst other factors, to the incidence of tuberculous disease. Many considerations lead to the conclusion that the tubercle bacillus in itself is not a very harmful parasite, and that it requires association with other micro-organisms or their chemical products to enable it to do its worst; at any rate within the human body. That influenza has shown a marked power of reviving quiescent tubercle has become only too obvious of late years, and by a series of carefully observed cases Dr. Ruhemann endeavors to prove that it may play a great part also in initiating the specific disease by the assistance that the influenza bacilli or their products are capable of affording to the uberculous poison. That a similar connection has been observed in previous epidemics he shows by an interesting historical survey, extending back as far as the year 1850.

The importance of guarding a tuberculous person from the possible complication of influenza or other microbic disease is thus made obvious. The relation of sunlight to the activity of tuberculous disease is also discussed, and a very interesting series of tables is given, gathered from various sources, which go to prove that diminution of sunshine is followed by an increased mortality from the disease. It is argued that this good influence is not exercised only or

the tubercle bacillus, but upon those other organisms upon which it is presumed to be largely dependent for its power of increase. In discussing prophylaxis, many important points are emphasized which are worthy of note. The practice of wearing respirators to filter the air to be inhaled is advocated and supported by the analogy of the healing of external wounds, which require to be kept free from micro-organisms. To heal the lungs a similar freedom from outside organisms is necessary, especially if it be the case that the vigor of the tuberculous process is, as the author affirms, largely assisted by such organisms.

# Obstetric and Gynecologic Nursing.

In E. P. Davis' recent manual the nurse is warned against assuming, even at the request of the medical attendant, tasks such as intrauterine douching or the examination of the perineum for tears or the placenta for incompleteness, for which her knowledge is inadequate. The only serious error noted is common to several writers, Hirst being a notable exception. It is that the temperature of water for the hot douche is given as 100° to 110° F., whereas it should not be lower than 115° to 120°. Murray has shown experimentally that this is the essential for efficient muscular contraction.

#### La Cure de la Tuberculose.

Dr. Pujade of Amélie-les-Bains has written a short treatise on the treatment of tuberculosis, founded on personal experience, extending over twenty years. He expresses the conviction, shared by most observers of equal experience, that tuberculosis is always acquired, that it may almost always be avoided, and that it may often be cured. As to heredity he says "Lhérédité seule est abolie." One no more inherits tuberculosis than scarlet or enteric fever. M. E. Boirac, Rector of the Academy of Grenoble, to whom the book is dedicated, writes an introduction in which, though disclaiming any pretense to criticise from a medical point of view, he expresses his opinion that this is more than a good book, it is a good work. The language is incisive, and the style well calculated to fix the attention of the reader. For instance the conditions which predispose to tuberculosis are summed up under the heading "Formula for Getting Tuberculosis," concerning which the author remarks: This formula is intended for the rich. The poor do not need to have laid down for them a programme which necessities of existence impose on them naturally. Dr. Pujade denies the existence of the inverse type of fever in tuberculosis. Take the trouble, as I have done, he says, to observe every hour of the night and day the temperature of a patient who shows a temperature of 38° or 39° C. in the morning, and you will always find that if the patient has no rise of temperature during the day it commences to rise in the evening or during the night, and that it merely has not had time to fall by the morning. The "inverse" type is a fever delayed in the day and prolonged into the morning.

# Design in Nature's Story.

Dr. Walter Kidd's book may be described as an attempt to reinstate teleology in the position from which it has been disloged by modern habits of thought. It is evident that the author is widely read, and that he has carefully thought out and digested the matter which he has perused. He has not been fully convinced of the adequacy of the automatic processes of evolution to bring about all of the results attributed to them, although he is not prepared to deny their existence or their activity. Hence he falls back upon the idea of a beneficent directing intelligence, which, although in one passage he disclaims that it can have "condescended to peddle," is nevertheless elsewhere assumed to have interfered in matters of detail.

His point of view is presented agreeably, and with due moderation, although we much doubt whether his book will carry conviction to those who are of a different way of thinking; indeed in places there seems to be some confusion of thought, and the argument becomes difficult to follow. Thus a great number of structures are cited as evidences of design, but the vast majority of these are exactly such as might have been cited by the most thorough-going evolutionist as adaptations fully explicable by natural selection. For instance, he cites the poison apparatus of snakes, which leads to the suspicion that he cannot be aware that even amongst animals at present living there exist a complete chain of transitional forms between the harmless and the poisonous snakes; and that the deadly cobra itself, as well as a large number of highly poisonous snakes, are actually transitional, as far as the apparatus goes, between the harmless snakes and the highly specialized viperine

Quoting Professor Pearson, he holds that the function of the man of science ends with the observation and its record, that he has no concern with explanations, and that from that point he must give place to the philosopher. But surely

there are great dangers in arguing from secondhand knowledge, which must always be liable

to be superficial.

Much stress is laid upon an appropriate environment having been prepared beforehand for plants and animals, but that a certain thing happens or appears when the environment is ripe for it is no argument that the environment was meant for it. One might as well argue that because the intestine of a dog suits a tapeworm admirably, therefore the dog was made for the purpose of harboring the tapeworm. In fact, the author has attempted—and in this he does not stand alone—the impossible; he has endeavored to prove by argument that for which the data for argument can hardly be said to exist, which leads almost inevitably into a begging of some of the premisses.

Medical men will read with some surprise an attempt to whitewash the vermiform appendix, which, presumably because it contains lymphoid tissue, is said to be a place for the destruction of certain bacteria. If there be any warranty for this idea, it is surely a poor example of design when it so very frequently is quite the reverse of an advantageous possession. Doubtless there are some to whom the attitude of suspended judgment is the reverse of satisfying, and such may derive some satisfaction from the perusal of a book of this character, even though we cannot concede to it much argumentative force; at all events, it does not offend by calling names, a vice into which similar works are very prone to

### Uber die Ursache des Alters.

fall.

Apart from accidental causes of destruction, a protozoon does not die. It grows to a certain size, and then divides into daughter cells. The metazoa, on the other hand, grow old, and die as individuals; their germ plasm is nevertheless immortal. The essential difference between the protozoa and the metazoa is that the latter consist not of one, but of colonies of cells. The cells as they multiply do not separate, but cling together. To this difference, Dr. Mühlmann, who has recently published a book on the subject, attributes age and death.

He argues that to explain these phenomena we must study the processes of growth. The impulse to grow is given by the germ plasm, and this impulse is forwarded by, and depends on, the assimilation of nourishment. The whole question of nourishment is dependent in its turn on simple physical conditions. In the embryo each division of the cells takes place along a line at right angles to the previous division. The cells

thus grow in three dimensions of space. Now the clinging together of one cell to another lessens the surface exposure, and so the intake of nourishment. In the blastula state of the embryo the inner cells become entirely separated from contact with the nourishment which bathes the surface layer of cells. This leads to retrogressive changes, and the formation of fluid within the blastula.

To further the assimilation of nourishment, the wall of the blastula becomes folded in to form the gastrula. The effect of lessened nourishment which results from growth thus, according to Dr. Mühlmann, plays a most important part in the autogenetic and phylogenetic development of the animal world. To this he ascribes the radial and bilateral lines of growth, for the more centrally placed cells are delayed in growth; while the well-nourished peripheral cells continue to extend.

To this "law of nourishment" Dr. Mühlmann likewise attributes the folding of epithelial surfaces, such as are found, for instance, in the papille of the skin. In the higher metazoa, where the cells develop vascular systems to further their nourishment and growth, the vessels grow only in two dimensions of space, while the cells continue to increase in three dimensions. Hence the supply of nourishment always tends to fall behind the needs of the cells.

In consequence of this physical relationship of growth to nourishment atrophic, necrotic, and retogressive changes accompanying growth from the very first. Growth is thus clogged and impeded, and as the retrogressive changes continue death finally results. Just as the thirst for nourishment impels the cells to grow into enteric canal, air tubes, blood vessels, lungs, and so on, so the formation of retrogressive products impels the cells to form excretory channels. True growth, according to the author, consists only in the multiplication of blast cells. These are cells composed, like the protozoon, of protoplasm, and they alone are capable of assimilation.

The blast cells cover the skin, the mucous membranes, the gland ducts, the vessels, and form the ova and the fibroblasts, chondroblasts, osteoblasts, sarcoblasts, and neuroblasts.

Mühlmann argues that the formation of fat, glycogen, myosin in muscle, bone, cartilage, connective tissue, mucin, etc., are retrogressive changes.

These substances are formed out of protoplasm, are partly oxidized products, and are incapable of assimilation. By series of statistics, many of which are the fruits of his own labor, Mühlmann demonstrates, first, that the growth of the blast cells continues right up to the time of death; secondly, that the curve representing the rate of growth rapidly lessens in steepness from the first hour of development onwards. Thus he calculates that the increase in weight of the embryo at the end of the first period of three months is 400,000,000 per cent., at the end of the second period of three months 5,182 per cent., while at the end of the third period it is

252 per cent.

It will be seen from the above brief outline that Mühlmann considers the physical relationship of growth to nourishment as of primary importance in determining the evolution of living forms. He refuses to recognize that the future function of an organ determines its structure. Development, he says, must be studied without looking forward and hunting for purposes of design.

# A Glossary of Botanical Terms.

Dry, exceedingly dry! or frequently some stronger phrase, expressed the opinion of a very large percentage of those who studied botany under the old régime, when plants were not treated as living organisms, but rather as compounds of stereotyped patterns, the particular preconceived form of each figure being expressed by a simple or compound word having a smack of Latin or Greek in its composition. Even at the present day most of our purely local floras are characterized by what approaches perilously near to pedantry in the use of "terms" which are in no wise more expressive of the point under consideration than the use of simple English words would be.

During recent years vegetable morphology and physiology and palæobotany have received much attention, and as a result myriads of technical terms have been coined; nearly every fresh investigator realizing that those terms already in use did not quite express his view of the point under consideration. Hence the necessity for "A Glossary of Botanic Terms," which, fortunately for all those interested in botanical work, suggested itself to Mr. B. D. Jackson.

His intimate knowledge of botany in general, combined with indefatigable industry, and the fact that he is in touch with those most able to impart information on special sections, has resulted in the production of a work which is simply indispensable to all those interested in plant life, from the gardener, who will learn that to "ablaqueate" a tree means to loosen the soil round the root, to the physiologist, who will either think that he has forgotten his Latin or that someone has made a slip, when he is informed that "albication" means becoming blanched or variegated with white. Nevertheless, such terms, and others numbering about fifteen thousand, have been used, and thanks are

due to Mr Jackson for enabling us to ascertain exactly what they were intended to mean. Prophylaxis

# Prophylaxis in Diseases of the Teeth and Mouth.

Dr. Christian Greve has contributed to the "Handbuch der Prophylaxe," an essay on prophylaxis in diseases f the teeth and mouth, which, like other essays of the series, is published separately.

He begins by giving a summary of the more important contributions to the bacteriology of the mouth, in which the possibility that it serves as an incubating chamber for many pathological bacteria is discussed, though the very high percentage of mouths in which, for instance, the pneumococcus, the Klebs-Loeffler diphtheria bacillus, and the tubercle bacilli are found makes one incline to the idea that the author has selected for quotation the most striking rather than the average results.

The researches of Miller have shown that complete sterilization of the mouth is hardly possible even experimentally, much less as a daily routine, but that scrupulous cleanliness, combined with the use of antiseptics, results in an immense diminution of the bacterial flora. The more potent bactericides being, for one reason or another, unsuited for use in the mouth except under special circumstances, he recommends for habitual use mouth washes and tooth powders containing benzoic or borobenzoic acid and saccharin, with or without the addition of thymol, and urges that no tooth powder can be considered efficient without antiseptics.

For special disinfection Miller found that sublimate in the strength of 1-2500 was the most efficacious, its nauseous taste being disguised by eucalyptus and oil of peppermint. Inasmuch as dental caries has not so far been traced to any specific bacillus, but presents a mixed infection in which certain forms preponderate, the same measures likely to prove useful generally are equally appropriate for its prophylaxis.

### The Treatment of Intussusception.

One of the most interesting of the prearranged discussions at the meeting of the British Association at Cheltenham was that on the treatment of intussusception in children. The question which seems, very naturally, to have been accepted as the main topic for discussion was as to the relative values of inflation and operation. Inflation, when employed early and skillfully, combined when necessary with manipulation, has

little, if at all.

proved successful in a certain number of cases. When so successful the subsidence of the swelling and the swift abatement of the urgent symptoms are so striking that a vivid and very lasting impression is made. In all similar cases falling to the lot of the same surgeon there is a desire to repeat the same measures. If now unsuccessful, the failure is accepted as an evidence of undue procrastination and not of any inherent defect in the method. It is, indeed, only when the series of cases from a hospital are ruthlessly set forth that one can appreciate the unreliability, and, if we may say so, the treachery of the method. Mr. Eve, the President of the Section, pointed out its inefficacy, and stated that of twenty-four cases so treated at the London Hospital not one was cured by inflation alone.

The general weight of opinion was definitely against inflation, and against the delay which inflation, whether successful or not, necessarily entails. If employed, it should only be under conditions which permit of immediate operation in case of failure. The suggestion that the surroundings of a patient should influence a decision is hardly worth consideration if operation is imperative, for it is the surgeon's duty and his custom to carry his surroundings with him, and the social environment of the patient then matters

There can, we think, be little doubt that the outcome of the discussion is to show more clearly than ever the urgent need of early abdominal section. The real question in this case, as in so many others, is one of early diagnosis and "precocious" operation. The risks of a simple abdominal exploration have been reduced to a minimum; the hazard then of an abdominal investigation when matters are not far progressed cannot be serious. Exploration is safe, safer than ignorance, and incomparably safer than delay. It is the appalling mortality in the long-neglected, almost moribund, patients that has produced that antipathy to the "knife" of which one essayist speaks so plainly.

#### The Treatment of Whooping Cough by Irrigation of the Nares.

BY WALTER LATTEY, M. D.

The plan of treating whooping cough by irrigation of the nares is in my opinion well worth more extended trial, and as the management of the little patients is a matter of importance, I would venture to make the following suggestions.

The child should be rolled up in a shawl, so as to confine the arms, and laid face downwards on the nurse's lap. The end of a tube fitting the

nostril (soft india rubber is as good as anything), and attached to a suitable syringe, should then be introduced, and the child having been told to open its mouth, tepid water should be slowly pumped in, followed by an antiseptic solution, which should be weak at first, so as to let the child get accustomed to it by degrees.

As the nares may be more or less blocked by secretion, if the fluid is pumped up quickly, some of it may pass down the throat; hence the necessity of proceeding slowly, and of using only plain warm water at first. Both sides should be

done.

#### The Medical Profession as an Example.

Novelists and preachers have unrivaled opportunities for the expression of unfettered opinion, and play no small part in fixing the average point of view to the general public. Novelists as a class have, perhaps, been about equally fair and unfair to their doctors. Thackeray's Dr. Goodenough was compensation for Dr. Firmin. The hero of "Bleak House," though very shadowy, is obviously a picture flattering enough. Kipling has a sympathetic sketch of an Indian surgeon in one of his short stories. The doctors of George Eliot's "Middlemarch" and Thomas Hardy's "Woodlanders" are not characters which do much credit to their profession. But no writers of fiction have dealt more kindly with the physician than the modern Scotch school, notably Mr. J. M. Barrie and the Rev. John Watson, D. D. Dr. Watson—perhaps better known as "Ian MacLaren"—in an address delivered to college students, drew a contrast between the devotion to their profession displayed by young medical men and young ministers respectively, much to the advantage of the doctors. He spoke of a medical acquaintance of his own, qualified to practice by a distinguished degree, still studying at the hospitals, and proposing to study at certain Continental hospitals before entering upon private practice. "If," said Dr. Watson, "he were offered to-morrow the choice of a practice of his own in some country town, or the chance of being an assistant to some distinguished surgeon in Vienna, it would not matter to him that in the country town he would have more income and would be—save the mark! his own master. His desire—and it is that of all the best men who study medicine—is not to be as soon as possible a doctor, but to be as perfectly qualified as possible to do the work of a doctor." The opinion here expressed is not startlingly new, but it is interesting as coming from a member of a profession whose point of view is necessarily different from the scientific standpoint, and whose praise of the ordinary practitioner has been too often given, as Tennyson gave it, at the expense of the scientist.

#### Case of Snake-Bite.

BY J. RONALDSON RUSSELL, M. D.

A schoolboy, aged fourteen years, on April 23 was bitten in the thumb by a common adder, which he had caught and intended to take home.

A friend who was present immediately sucked the wound, drawing blood, and probably some poison. The boy stated that he felt as if he had been stung by a nettle, and that the flesh round the wound rose up in a hard white lump. In twenty minutes from the bite he felt sick and cold, with severe pain like cramps in the stomach, quivering of the knees, and felt that he must kneel down. He was driven home, about eight miles, but had no recollection of the drive.

I saw him about two hours and a half after the accident, by which time he was very collapsed, with a small rapid pulse, and sweating profusely, constantly vomiting bilious fluid, and crying out with severe cramps in the stomach and great pain in the hand and forearm. I gave him a hypodermic injection of strychnine gr. I-100, and morphine acet. gr. I-6, and ordered him Valentine's meat juice with soda water, and locally hot fomentations to the hand and forearm, which were both swollen. When I saw him three hours later he was much easier, and the vomiting had ceased.

On the following day the whole hand was very swollen and brawny, and presented a remarkable appearance, being covered (on both dorsal and palmar surface) with large blebs, one of which was as large as half a crown. The forearm and arm were swollen to twice the normal size, and very tense and shining, but there were no blisters above the wrist. The axillary glands were very tender, and he could not bear the slightest movement. His general condition was now good; there was no vomiting and his temperature was 99° F. I punctured the blebs, and ordered very hot arm baths of chinosol—1-2400—every hour, the forearm to be enveloped in antiseptic wool in the intervals.

On April 25 I was sent for early by the father, who said that the swelling had extended over the chest and into the neck, and that there was difficulty in swallowing. I found that the swelling had extended to the root of the neck, quite obliterating the outline of the clavacle. The whole arm was more swollen and the axillary glands more tender. There was a fresh crop of blebs on the hand, which were punctured. The boy was in great pain, but his general condition was good, and the difficulty in swallowing had passed

off. At this time I was rather inclined to make free incisions in the whole arm, but decided to wait and trust to the arm baths to reduce the cellulitis. He was given a saline, which operated well.

On April 26 the general swelling was much less, there were more blebs on the hand. The clavicular outline was now visible: The swelling had not extended further over the chest, and its margin was raised and pink, mottled with small blisters, like the margin of erysipelas. There was much less pain, and he could raise the forearm.

On April 27 the blush had faded, and the swelling rapidly decreased. The only treatment now required was the removal of sloughs; the whole skin of the hand being eventually thrown off as slough.

By April 30 the patient was well and able to use his hand, though there was still some stiffness in the fingers and elbow. There was no suppuration throughout.

# How to Secure Deep, Regular, and Quiet Breathing at the Commencement of Narcosis.

C. Hofman points out that regular respiration is necessary to obtain even inhalation of chloroform, and to secure this end the anæsthetist must enlist the co-operation of the patient. Simple persuasion and telling the patient how to breathe will often help much, as will also the usual plan of causing him, if sensible and not too excited, to count aloud and slowly. This method, however, may fail, for simply counting forwards in the way to which he is accustomed would not cause any mental diversion from his surroundings. An anxious patient counts very quickly the figures I to IO, and then begins to gabble off the following numbers, meanwhile breathing quickly and lightly.

To overcome this difficulty Hofman makes his patients count backward from a number containing at least three digits, say from 200 backward. The larger figures, being more difficult to express and needing a longer time to bring to mind and articulate, a breath is taken between each number, more especially as the patient is told to count slowly. The effort of mind concentration diverts attention from the operation, and is especially beneficial in nervous females, helping to quiet, regular respiration, and uninterrupted inhalation. The administration of the anæsthetic must be gradual, beginning with a drop after the patient has counted for half to one minute; thenceforward the quality should be slowly increased until the regular respiration which accompanies loss of consciousness appears.

The use of this method favorably influences the further course of the narcosis. Hofman does not approve of what he calls the suffocative method of inducing anæsthesia by ether. He says that for the last three years this drug has been administered in Professor Witzel's clinic by the drop method, using Esmarch's mask covered with many folds of gauze. Weakly women and children are thus easily anæsthetized by a few grams of ether, while strong patients and even heavy drinkers can be quietly narcotized if an hour previously they have been given a subcutaneous injection of .01 to .02 of morphia.—Centralbl. f. Chirurgie.

#### The Dr. Harris Case.\*

BY BROSE S. HORNE, M. D., BLUFFTON, IND.

Pugh Harris was a bright young man full of ambition. The desire of his life was to be a physician; having the one idea in his mind, and by constant effort, at last he was enabled to meet his ambition. With the enthusiasm of youth he commenced to read medicine under old Dr. Crouse of Ossian, Ind. With his bright intellect and keen perception it did not take Harris long to advance; soon Dr. Crouse, who was a man of judgment, learned that his student was destined to be great, and it was a pleasure for him to take extra pains with the young medical man. So, in time, the young man became a companion for the old doctor, and their attachment for each other increased day by day. But the story could not end here, for the old doctor had a daughter, and in time young Harris found a still greater attachment for her, and he discovered himself at times neglecting he study of Gray to think about this young lady. So time went on, and Harris found that his admiration for Miss Crouse was not lost, and he congratulated himself upon the fact that he would have, as a wife, one who understood the trials and tribulations of a physician's life. No doubt some wondered at the young lady's choice in selecting a physician as her life-mate, but where Cupid's dart penetrates all argument is useless. As these young people promenaded together, many a good "old soul" predicted that young Harris would some day become great and all who knew him would feel proud of his attainments. The old doctor was accustomed to say that his student was brilliant, but at times obstinate on medical questions; but this is a fault that can be excused when we consider that great minds always have decision.

When the hours of conversation arrived some stormy debates ensued between the preceptor and his pupil; especially was this true when the vaccination question was mentioned. At this time it was a common topic for discussion before all medical men, and at times the laity took part. Young Harris had his doubts about the efficiency of vaccination, while the elder doctor was just as sure of its success. Harris, appreciating that soon he would be one of the family, dropped the subject, but resolved that he would never have the infernal virus scratched into his arm.

After serving the required time as a student we find the subject of our sketch is known no longer as young Harris, but Dr. Harris, and now, being married, he decides to go out on the great ocean of life to do battle for an existence. So the "two souls with but a single thought," after receiving the blessings of their friends, departed to what they thought a larger and better town, not far away. Little did Dr. Harris think what his mission was to be when he hung out his shingle in Bluffton, Ind., with ambition, health, and intellect, and a pure and loving wife, who had been trained from infancy up as to a doctor's life. Well could this young medical man feel proud.

In January, 1863, a sick man by the name of Samuel Angstadt arrived over the Wils Deam hack-line from Pennsylvania. He was taken to the Old Exchange Hotel at Bluffton, Ind., and Dr. Harris, the young physician, whose office was near the hotel, was called. When the doctor examined the patient he startled the people of the small village by pronouncing the disease small-

pox.

After the excitement was over and some of the other physicians, who had been called, but were too busy (?) to counsel, had found shelter, they laughed at the idea and said it must be chickenpox, but nevertheless, after several days of sickness, the individual died on February 3, 1863. In a few days Dr. Harris, who had been so attentive, was taken sick—no doubt from worry or overwork—no, he had the smallpox; this was his reward. When all had fled the one who alone stood his ground, in spite of the pleadings of his wife—ves, even at his own personal risk he watched over and administered to this unfortunate individual without one thought of his personal safety. Some would condemn him for not being vaccinated, but to have done so would have cost him a conviction. This heroic work was not to be rewarded by his simply having smallpox—no, far from it. After suffering several days, and after David Witiwer, an inmune nurse, had neglected to change his clothes before going home one night, and thus gave two of his children smallpox, who afterwards died, Dr. Harris, the uncrowned hero, on February 14, 1863, passed from this world into eternal rest.

Let history speak of the heroes that have

<sup>\*</sup> The Cincinnati Lancet-Clinic, September 7, 1901.

fought, bled, and died for their country, but with all her proud boastings we can find upon investigation that many a true hero has died doing his duty, knowing that the only reward for his work in this world will be the few feet of earth which his dead body receives. Dr. Harris is dead and his body lies in the Old Cemetery, but many an "Old Settler" points with pride to the Dr. Harris case, and can justly claim that he was one of Wells County's true heroes.

#### Mr. Dooley on Christian Science.

"What's Christyan Science?" asked Mr. Hen-

nessy.
"'Tis wan way iv gettin' th' money," said Mr.

Dooley.

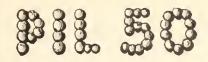
"But what's it like?" asked Mr. Hennessy. "Well," said Mr. Dooley, "ye have something

th' matther with ye. Ye have a leg cut off." "Th' Lord save us!" exclaimed Mr. Hen-

nessy.

"That is, ye think ye have," Mr. Dooley went on. "Ye think ye have a leg cut off. Ye see it goin', an' says ye to ye-erself: 'More expinse. A wooden leg.' Ye think ye've lost it. But ye're wrong. Ye're well as iver ye was. Both legs is attached to ve, on'v ve don't know it. call up a Christvan scientist or vere wife does. Not many men is Christyan scientists, but near all women is, in wan way or another. Ye'er wife calls up a Christyan scientist, an' says she: 'Me husband thinks he's lost a leg,' she says. 'Nonsense,' says th' Christyan scientist, she says, f'r she's a woman, too. 'Nonsense,' says she. 'No man iver lost a leg,' she says. 'Well, 'tis sthrange,' says the wife. 'He's mislaid it thin,' she says, 'f'r he hasn't got it,' she says. 'He on'y thinks he's lost it,' says th' Christyan scientist. 'Lave him think it on again,' she says. 'Lave him raymimber,' she says, 'they'se no such thing in th' wurruld,' she says, 'as pain an' injury,' she says. 'Lave him to put his mind hard to it,' she says, 'an' I'll put mine,' she says, an' we'll all put our minds to it, an' 'twill be all r-right, she says. So she thinks an' th' wife thinks an' ye think th' best ye know how, an' after awhile a leg comes peepin' out with a complete set iv tootsies, an' be th' time th' last' thought is expinded, ye have a set iv as wellmatched gambs as ye iver wore to a picnic. But ye mustn't stop thinkin', or yeer wife or th' Christyan scientist. If wun iv ve laves go th' rope, th' leg 'll get discouraged an' quit growin.' Manny a man's sprouted a limb on'y to have it stop between th' ankle an' th' shin because th' Christyan scientist was called away to see what ailed th' baby."

"Sure, 'tis all foolishness," said Mr. Hennessy.



#### That Million-Dollar Bequest.

Le "Dunham College," une Ecole de médecine homœpathique de Chicago, a éte bénéficiaire d'une autre distinction qui dépasse en importance tous les dons qui aient jamais été faits á une Ecole de médecine. Un philantrope, M. J. E. Du Bois, qui doit la santé aux soins du Dr. J. T. Kent, le doyen du Dunham College, pour donner de sa gratitude une preuve palpable, lui a fait don d'un million de dollars (cinq millions de francs) en espèces sonnantes et sans condition.

Il est déjà question d'utiliser une partie de cette somme à bâtir deux hôpitaux, un pour adultes, un autre pour enfants, où les méthodes de traitement employées seront purement et

strictement homeopathiques.

Toutes nos félicitations au corps professoral du Dunham College.—Journal Belge d'Homeopathie.

We doubt not but these French félicitations are genuine. But unhappily that is the only thing that is genuine in the item, for Dunham College did not receive any million dollars (five million francs) from Mr. of the Woods, or any other sum from any other person except the regular fees from its students. Now this lie, having been once set in motion, will continue on and on beyond recall. We may expect to see it copied into all the other languages in course of time. That was perhaps the whole and sole purpose of the newspaper canard—extensive advertisement. As Dunham College had been doing really good work, and was rapidly establishing its claims to a place in the Institute Collegiate Committee, it is sincerely to be regretted that this ludicrous Munchausenism should have been exploited. For it will act as a boomerang.

And how these impressible foreigners must envy the American homeopaths when the practice of similia can extract five million francs from the pocket of one man! Indeed, America is having an era of unprecedented prosperity.

The ease with which this million of dollars was gotten-on paper-an evening newspaperreminds one of the little girl's essay. She said that a poor young man dearly loved a rich candylady's daughter. A bad man offered the p. v. m. fifty dollars to get drunk. He indignantly refused. As he stepped out of the saloon he found a purse containing a million dollars in gold. So they got married. And next day they had twins.

The "twins" in the Dunham College case were the two hospitals that were going to be built with the million dollars.

#### Globules.

—One of our exchanges gives the gratifying intelligence of the finding of the tomb of Hippocrates in the recent excavations at Larissa, in Thessaly. But it was an American who went this one better—as to age and celebrity—and discovered the tomb of Adam!

—The New York Med. Times says that the new Maternity Hospital building, the gift of J. Pierpont Morgan to the Society of the Lying-in Hospital of the City of New York, is nearing completion and will be ready for occupation early in the autumn. It occupies an entire block on Second Avenue, from Seventeenth to Eighteenth streets, and is eight stories high.

[From which it would seem that this Great Big Bugbear of The Poor Toilers is not as bad as represented. Rockefeller for his University; Carnegie for Libraries; and Morgan for the Hospital.]

—The Detroit Homeopathic College appears upon our table by its 1901-2 Announcement, which is well filled with information calculated to secure students. This College has had a severe struggle thus far; and that it has survived at all is proof that it is built on the Rock of Homeopathy. Perhaps in the course of a few years it will be able to emulate the gaudy Announcements of some of our gaudy colleges, and give half-tone engravings of the front door, the hallway, the hat rack, the antique clock, and here and there the corners of rooms so dark even in daytime that flash-light pictures become necessary. As yet the Announcement is mainly devoted to interiors of Grace Hospital (which is a good one) and setting forth the advantages of the school plus the assistance of Grace Hospital and the Y. M. C. A. It wastes no printers' ink or good, clean, white paper in enumerating the special virtues of its various professors in relation to the chairs by them occupied. It makes a plain statement of what it has for the student, advises him concerning text-books-which, in each instance and department leads off with a homeopathic classic—and how to reach the building. It makes a brave showing of professors in its faculty roster. It has a number of firstclass men in its faculty-men who stand deservedly high in their several medical and surgical specialties.

-A gentleman who travels a good deal relates the following experience which he had on a train not long ago. A lady passenger was boo-hooing fit to kill when a gentleman passenger said to her, "My dear madam, what can I do to console you in your troubles?" She said her troubles were inconsolable; that she was on her way to California to have her fifth husband cremated. Just across the aisle, and two seats back, another lady burst out crying with all her might, and the gentleman stepped back to get her troubles. She said she was forty-two years of age and had never been able to catch a man vet, while that thing across the aisle had husbands to burn. And she didn't think it was right.— The Critique.

—A good Use for Eggs.—A mustard plaster made with the white of an egg will not leave a blister.

A raw egg, taken immediately, will carry down a fish bone that cannot be gotten up from the throat.

The white skin that lines the shell of an egg is a useful application for a boil.

White of an egg beaten with loaf sugar and lemon relieves hoarseness—a teaspoonful taken once every hour.

An egg added to the morning sup of coffee makes a good tonic.

A raw egg with the yolk unbroken taken in a glass of wine is beneficial for convalescents.

—Dr. George Tucker Harrison has reported a case of kraurosis vulvæ occurring in a woman of thirty-five, married, who consulted him on account of narrowness of the introitus, a disagreeable tension of the skin in walking, and a burning sensation referable to the genitalia. A lady visited our office a short time since, who complained of burning and itching and extreme narrowness of vagina following birth of last child. Without an examination and some close questioning a case of k. v. might have been made out. It proved, however, to be a case where the perineal laceration had been sewed up too high, the last stitch being almost on a line with the upper margin of the vagina; a pocket having formed which caught the menstrual blood, and other secretions. The relief was surgical. of course. But what of the medical man who sewed these extra stitches?

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OUR PORTRAITS.



George W. McDowell, M. D., New York,

THE Monthly Homeopathic Review of London has nothing very good to say of a recent American work on the "Homeopathic Materia Medica." There is this to be said of the English homeopathic journals—and in like measure of England's journals generally—that when they review a book they have the uncomfortable habit of telling the bare and unvarnished truth, regardless of consequences.

WHEN you read a book review in an English journal you may take it for granted that it is the truth you are reading and not some cleverly padded advertisement, for the sale of the book.

A BOOK review over there takes on the dimensions and character of one of our own Dr. Sam Jones' reviews.

T is to be admitted, and with regret, that many of the book reviews in the American journals are written from a cursory view of the title page plus a little slip of excellencies contained in the book, kindly furnished by the publishers. Perhaps we may be permitted to say that we have written away from this form of review and have had the temerity upon several occasions to offend publishers, and so reduced the number of books sent us for review. However, as we are not a specialist, and do not require to know much of scientific medicine and technique in our parish practice, the absence of the pretty volumes, with their handsome bindings and pulchrious pictures, has not handicapped us to any appreciable extent. In addition to what our learned brothers of the (London) Homeopathic Review have already said we would say that most of the materiamedica literature which has come to us in the past ten or twelve years, has been of the re-hash kind, bringing nothing new. For what is there new to be found in aconite and belladonna? Dewey and Boericke, and one or two others, have arranged the known facts of our materia medica in better form, for quick consumption, or for student-study: but neither of these authors or collaborators, nor any of the others whose names we do not at this moment recall, lay any claim to novelty in what they present except as to arrangement of matter.

THIS brings us back to our many times insisted-upon point that real homeopathy must deal with the well-tried and well-proven remedies—as totalities—and does not, cannot, deal with

the isolated characteristics and keynotes, socalled, alleged of a few hundred other remedies filling the pages of the materia-medica books on our shelves.

IT ought to be apparent to the Professors, as it I has been to every practical physician of a dozen years' experience, that the homeopathic materia medica is a very simple affair, when properly gone about, and properly taught; and that, when once thoroughly taught, the future bookmakers can add naught thereto nor take away. It might be a unique exercise, and of considerable interest, if some of our materia-medica Professors would revise their lists of several hundred remedies and tell the students candidly which of them are taught because of their wellproven homeopathicity, and which of them because of being taken from eclectic sources. But how many of the modern Professors of the Homeopathic materia medica would be competent to make this discriminating statement.

THE London editors are not harshly criticising the work to which we are referring. They merely cite it as a book lacking in originality—which, as we have said, is not unique in this department of medicine. It will be a long cry before there will be anything new in homeopathic materia medica—even considering the proposed labors of the specialists under the commendable recommendation and impetus of Dr. Bellows.

#### ERESH VEGETABLES.\*\*

BY E. A. BROWN, M. D., MADISON, WIS.

Can fresh vegetables be sterilized? Our vegetables often convey diseases to us. We have remarked recently that Professor Metchnikoff attributes certain cases of appendicitis to the presence of intestinal worms whose origin was due to cating salads, green vegetables, fruit, etc. The tapeworm invades us by the same port of entry. Now Professor Ceresole of Padua interests himself in the same subject, and see what a sad picture he makes for us of the vegetable diet.

Professor Ceresole, while passing through the market of his town, bought several varieties of vegetables, lettuce, endives, radishes, and celery and, after washing them thoroughly in sterilized

water, he examined with the microscope the water in which they had been washed, and horrible to say, he counted fifty-two species of parasites, among which were amoebæ, anguillullæ, eggs of the tenia, oxuris, tricocephalus, and anchylostomum. Let us cite some of the species: Amœba coli, balantidium, anguilluli stercorale, tenia echinococcus, tricocephalus dispar, anchylostomum duodenale, oxuris vermicularis, etc. This list is not very reassuring. The amœba coli causes dysentery, the balantidium and anguilluli diarrhea, the anchylostomum a pernicious anæmia, the tenia echinoccus liver cysts; the tricocephalus dispar is the worm interested in appendicitis.

And this is not all. Professor Ceresole saw many varieties of bacilli in his Paduan salads; the coli-bacillus, the septic bacillus, the bacillus of

tetanus. Quite a collection!

So Professor Ceresole eats no more vegetables without sterilizing them. And he advises us to do likewise. But how shall we disinfect the raw vegetables? The proceeding recommended by the Italian bacteriologist consists in washing thoroughly, for half an hour, the raw vegetables in a three per cent. solution of tartaric acid. This solution has an agreeable taste; it is of moderate cost and, according to Professor Ceresole. of certain antiseptic power; for a salad intentionally sprinkled with a culture of cholera bacilli has been completely disinfected after a five-minute immersion in the solution. All right for the comma bacillus, which is not very resistant, but how about the others? It is necessary to know how they will act when immersed in the tartaric-acid solution. However it may be, there is a possibility that the tartaric-acid solution is efficacious for the majority of the microbes and parasites, and the preliminary washing may often be sufficient. In any event, Professor Ceresole recommends it. And after the immersion he eats his salads in all confidence. Go and do likewisc.

#### EXPLORATORY MEDICATION.

BY N. E. JONES, M. D., CIRCLEVILLE, OHIO.

In the days of witchcraft the victim of suspicion was thrown into deep water: if she floated, was a witch and taken out and burned. But if she went to the bottom and drowned, was relieved of the odium.

Similar "exploratory operations" have been initiated into the practice of medicine and surgery, to an extent that makes the superannuated physician and surgeon feel that the art of healing is no nearer the desired goal, termed science, than at any other period of medical history.

<sup>\*</sup> Translated for this Journal from Les Annales.

It argues there has been no important advance in diagnosis, no additional guiding facts established. Many years since, the writer was called at the small hours of morning to see a patient. On entering the house the mother said: "My daughter is very ill, but I do not want any medicine or prescription; but want you to tell me what the matter is, and I can cure her myself." Many doctors of the present day seem to be in a similar predicament—better versed in therapeutics than

in differential diagnosis.

If the disease is once known by name, the doctor has an abundance of medical agents to combat every indication, and kill or cure the ailment. But in the very complaints in which most can be done for the luster of the art are said to be those requiring remedies in the earlier stages, and often are the most obscure and unsatisfactory in regard to signs, symptoms, etc., on which diagnosis should depend. "Time is too precious," and the temptation is to act upon conjecture, or adopt the exploratory method and assume the responsibility, on the ground of necessity. As for special pathologists and instruments of precision, they are of little consideration; following the example of an eminent surgeon, who says he never waits to obtain their "probabilities," but operates, and accepts their uncertainties afterwards!

It should, however, be remembered by all who meddle with life and disease that remedies are double-edged, and that it is an unkindness to the old lady to use her capital without consent; that "if it does no good, it will do no harm," when it is well known this is not true, and that a single dose of medicine improperly given may turn the conservatory efforts of nature from a line of recovery into one of confusion and loss of life. At the same time but few question, if remedies are wisely selected and correctly applied, that they may assist the vital forces in the extinguishment of disease; but certainly not as a means of "exploratory diagnosis," without great risk of injury, at least to the suffering, under circumstances of doubt by not waiting.

What an excuse! "We cannot wait for certainty, for fear the time for successful practice may pass." Is this the truth? Must we act in the dark, not knowing whether right or wrong? or wait for the coming day? It is this American haste and indifference of the learned—the blundering of ignorance and the morbid faith and superstition in medicine—which has caused many thinking persons to believe that the aggregate health would be vastly improved, and the sum of annual mortality greatly lessened, if there was not a doctor on the face of the entire globe.

The paper by Professor Edward B. Dench of Bellevue Hospital, New York, as published in the Journal of the American Medical Association

for July 27, 1901, is a fair exposé of "explorative" practice in surgery. In his statements of mastoiditis from middle-ear trouble, he says: "There are certain well-marked signs and symptoms which enable us to make a diagnosis," and names pain, prostration, temperature, facial paralysis, tenderness, and tumefaction. "The chief of these is pain in the region of the mastoid; it may be mild or severe, . . . but if absent it does not exclude the possibility of a severe suppurative process existing within the bone." Of "prostration" we are informed "it is impossible to have any considerable collection of pus within the pneumatic spaces of the mastoid without more or less prostration." Temperature is regarded as the least important. present, it renders the presence of purulent collection within the mastoid probable; if absent, it does not exclude the possibility of a severe suppurative process existing within the bone." "Facial paralysis is no symptom, as it is quite common in ear discharges where there is no mastoid involvement." Of local tenderness the doctor says: "Diffusive inflammation of the external auditory meatus will cause sufficient tenderness to mislead the surgeon"; that "tumefaction is a much more prominent and important sign than tenderness "; that " tip tenderness is of no value.'

It seems like an idle waste of words for an operator to name the above as "well-marked signs and symptoms which enable us to make a diagnosis," while in other portions of the paper they are not regarded singly nor collectively as containing an element of pathognomonic importance. No case can be presented beyond a reasonable doubt, and the doctor asks the question and answers it himself: "What measures are to be taken in doubtful cases?" Answer: "Operation should be undertaken merely for the

purpose of exploration."

In support of this answer he gives the experience of the past year. "Has never yet opened a mastoid in which has not been found some evidence of inflammation." But he omits to state how many of that number were embraced in the class and kind of doubtful cases which he states "do not require any interference on the part of the surgeon; the condition disappearing on appropriate treatment." How are we to distinguish those doubtful cases which need no interference on the part of the surgeon from those which are operated on "merely for the purpose of exploration"? And the sum of the whole matter is: it would appear there is no necessity of a diagnosis other than a present or previous discharge from the middle ear to justify an exploratory operation, and the doctor proceeds at once to open the head and cut away the bone structures and soft parts at the base of the brain, in order to see for himself whether or not there is a necessity for an operation. "No one is injured by the performance; it is nil." Of 316 operated upon only fourteen funerals followed not one of which had any relation whatever to the operation, but died for the want of breath! The professor is sanguine and, no doubt, well qualified for an "exploratory" operator, as his numerous reported cases have been attended with unparalleled success. Still the world may not assent to the statement that the operation is "nothing"; at least those who have painfully witnessed the cutting and chiseling of the mastoid and gouging of soft structures around the base of the brain and its fatal consequences at the hands of other eminent surgeons—operations exploratory, lasting more than two hours, with the victims immovably under the influence of chloroform; searching in vain for something on which to hedge, or justify the act—are not likely to say the operation is "nil," unless by custom they have become more insensible to pain and misfortune of others than the fishwoman who had skinned eels alive so long that it was "nothing," as they had become used to it.

Surgeons are not all exempt from mistakes. Dr. Richardson and others have shown how readily grave errors are committed; that even typhoid fever has been frequently diagnosed and operated on for appendicitis; and that errors are constantly occurring in diseases simulating the essential fever, notwithstanding the help of the Gruber-Widal test.

It is much easier to be led into error than it is to honestly conceal it from public observation; still, smart surgeons understand how to accomplish the difficult parts of the act, and secure more confidence and greater applause for that which has not been done, than the prudent man of merit, who acts upon the light of evidence, ever receives for doing it.

Two learned and well-known surgeons in Ohio obtained so much notoriety they were obliged to seek larger fields of usefulness. They were not unacquainted with the fallibility of all rules of diagnosis, nor strangers to the misfortunes of error; and adopted the "exploratory" plan of certainty, and took with them for the operation a large urinary calculus, and at the auspicious moment something was heard to fall into the receptacle. It was the "stone," and the wounds of the daughter were dressed and the rich farmer's family made happy.

Mistakes should be avoided, as far as possible, but, when made, should not be concealed nor synonymed by "exploration," as it is but the other name for "stone." Better by far trust doubtful cases to the efforts of Dame Nature, who has so often, with only half a chance, put to shame the doctor's therapeutics and the sur-

geon's knife, than to take one step in the direction of tearing down the house to see what is in it.

#### THE EMOLUMENTS OF THE DOCTOR.

Editor Arndt has a cleverly written editorial upon this question; or, rather, he treats in his usual clever way upon this division of the question in reviewing a paper found in Munsey. This latter article is most complimentary to the medical profession; the writer whereof seems to be well informed on the difficulties which hedge the doctor in the making and subsequent collection of his proper bill. Some pleasant comment is made upon the great amount of time, labor, and money required for proficiency in the profession, which, further, causes wonderment why so much of energy and ambition is wasted upon so thankless a profession. We know a gentleman who is highly educated, a student for seven years in a theological seminary, who expects to serve one year longer, and at the end of that time hopes to secure a desk in one of his Church's churches. He has worked his way laboriously and patiently, almost unaided, through these Scriptural years, doing menial offices among the student body in order to keep body and soul together; and if he succeeds to the sacred desk, his salary will then be from three to four hundred dollars a year and a parsonage! At the most,—in the very height of his future successes,— his annual pay will never exceed six hundred dollars! But he is full of his work. He feels that he has been called of the Lord, like Samuel of old. He would have no other work. When he reaches the eminence of a pulpit all his own and becomes pastor of a flock, he will have attained unto his highest earthly ambition. And if that content him it is idle to comment except to make a brief compari-

What medical man would have undertaken the four years of medical-college hardship, and the following five years of the lean kine, if, at the end of all that period of scrimping and self-sacrifice, his possible emoluments would not have exceeded six hundred dollars and a house? There are doubtlessly many in the ranks to-day whose annual income does not fall beyond this figure; but we venture the prophecy that, had they anticipated so small a compensation, they would never have undertaken the labor and the study. Medicine, like everything else in which we wish to be successful, must be a first choice and our love. There is no believing that any man of sane and disposing mind sufficient to become a skillful and successful modern physician, would have undertaken the prosecution of a profession whose rewards are wholly of this life, for any such pittance as six hundred dollars. There are in our ranks men who would stand high in either of the other professions, or in any other walk in life. They have accomplishments which, if applied to the law or the ministry, would net them many times over the pitiful compensation, financially, which now is doled out to them in medicine. And the capital needed to bring them to their present position, had it been applied in other businesses and carefully watched and tended, would long ere this have made them

independent—nay, rich.

In this connection we are reminded of a paper which Dr. Martha Canfield of Cleveland was to have read (and perhaps did read) at the Pan-American Exposition on Saengerfest day, in the which she took the text that it is meet and proper for the physician to charge for his services by the vear rather than by the visit or the illness. proposition, however, as we all know, is not novel in Cleveland or elsewhere; for some of the most correctly arrayed, ethically caparisoned of physicians have been doing that for lo! these many vears; some even yet, having passed the hardtime years of every beginning physician, follow this custom—with the aid of automobiles which leave a long, stinky, gasoline trail as they through the streets and alleys pass; and who, when standing before the residence of a nervous patient, keep up a deafening uproar similar to that of the big Mogul locomotives of the Pennsyl-

vania railway.

We believe that the proper payment of a physician should be upon the same basis as that of any other profession or walk in life—according to the value of the article, thing, or object saved, or the care and skill exercised in the effort. Take, for instance, the case of a very wealthy man, upon the continuance of whose life hangs the destiny of many thousand employees, and the sanity of financial methods of two hemispheres. Suppose that one of our guild attends that man through some truly critical illness, when his life was in constant jeopardy; and, having ultimately rescued him from a too early entering into and upon the joys of another and far better world; does it seem just to ask that faithful physician to confine his bill for services to this Cræsus to the actual number of visits made at so much per? There are, to our knowledge, several physicians in Cleveland who have no yearly contracts with their patrons—they have always considered that form of medical service degrading, of a par or even lower than the Sunday-school and Church practice, or the lodge-work at one-dollar per head per year-who, having attended their patrons, put in their bills "for services rendered" which is promptly honored, with the addition of an honorarium, in itself worthy the struggle made for the life and restoration of the distinguished patient. A policy of this sort, uniformly and universally adopted, would tend to no hardship; for each patient would be asked to contribute only according to his known means. And there would naturally be an evening up of accounts between the risk and there are

tween the rich and the poor.

This is in the main the policy of the modern specialist. He makes his contract outright; in that contract he is careful to specify his fee, the manner of its payment, and how soon, if he does not, as in one recent case in Cleveland, refuse to touch the case unless three hundred dollars be paid in hand and in advance; so that, when the operated-upon patient failed to get off the table—except feet foremost—he was secure, and his bank account the richer for his commercial pru-

dence and foresight.

The lawmakers of our several States, who have, up to this time, been chiefly engaged in the making it harder for a physician to enter the State; and, when so entered, to make a living; while the quack still flourishes on the corner and in the daily press like a green bay tree, might now turn their alleged gray matter upon some form of legal enactment in AID of the medical profession, and which will be directly in the interest of better service and more faithful attendance. Make it at least more possible under the law to collect the little pittance which now we are permitted to charge our clientèle, even if it be not yet possible to enter upon the larger question of a decent rewarding of the profession for extra distinguished services, as hereinbefore hinted.

And, finally, it rests in a very great part with the profession itself to remedy much bitterness and injustice which now flout and confront us at every point. If we would cease fighting each other; if we could ever refrain from being jealous of a brother who has been called to a case where formerly we had the entrée; if we would bend our surplus energies to the forming of a hardand-fast, hot-and-cold local, county, or State society (instead of scheming in a political way for office), and enact a fee bill and stand up and out for it, we could soon reach the plane of the lawyers, who, while they "chop" each other all to pieces in the presence of their clientèle, still, when it comes to the fee bill, stand by each other through thick and thin; from mere affirmation to confirmed perjury; from the highest judge on the bench to the lowest shyster in the police court. A long pull, a strong pull, and a pull all together in our medical guild would land something for us besides blackmailing suits and bad debts.

Sometimes and in some places the conduct of the medical profession towards each other is of the distinctly contemptible order; and it is not

to be wondered that the blacklegs and deadbeats of the laity, playing upon this failing, refuse to pay one doctor and then employ all the others in turn; still playing upon the foibles of the physician and neglecting to pay, pay! Let us have done with this child's play. The hardships entailed in the acquisition of a theoretical knowledge of medicine, and its practice for many long, long years before even bread sufficient is found for us and our olive branches, ought to teach each of us the necessity for unity of purpose; to appreciate the value of our self-sacrifice; to put us in line with other professions and occupations, and so demand that which is distinctly our dueseeing that life is all the best or the meanest of us have—a proper pro rata compensation of that saved by our skill and ministrations.

#### THE HOPED-FOR I. H. A. COALITION.

It would seem from the intense and eloquent silence upon the theme, in the journal chiefly interested therein, that the efforts promised to be made to bring the International Homeopathic Association back into the American Institute fold were either not made, or having been made, failed of success. And why, pray? Isn't the Institute a good large place in which to swing your cat, gentlemen of the infinitesimals? Indeed there is lots of room there now, or soon will be, when the Sectional Departments gobble up everything lying around loose except the one debilitated, emasculated, left-on-the-doorstep department: i. e., poor, lone Homeopathy! As matters promise now, under the action of the Incoming Executive Committee, the Scientific Specialist departments will be so busy in relating the wonders performed in science during the last preceding twelvemonth; and as they sit with the consent of themselves at such time and such place as pleaseth them most, being in the majority indifferent to the consideration or convenience of all the other scientific departments, there will be nothing to interfere with the largest liberty to the Materia-Medica Section in the general hall, if enough members can be seduced from the attractive and dramatic specialty and technique exhibits to have a quorum for opening.

Why, what's the use for a materia-medica department at all? Don't we all know that materia medica has made no progress since Hahnemann's lifeless hand dropped the pen and his voice was hushed with a handful of dust? Don't we all know, from having heard it in the Institute itself, that the only progress made has been in surgery and allied branches? Don't we know, all of us, that materia medica is simply a perennial rehash of mercurius, belladonna, chamomilla, and cina

—remedies which we learned all about at college, or at the preceptor's knee, down in the country, between castor-oiling his buggy wheels and collection had believed.

lecting bad debts?

What's the use to sit in a game of which you know all possible combinations? And especially since the scientific and gentlemanly and progressive homeopathic pharmacies have latterly come to the rescue, and given us HOMEOPATHIC combination tablets which are warranted to cure at forty rods, or money back at the Captain's office? The cure of a few cases with the potentized reniedy, as taught and practiced by Hahnemann and his immediate disciples, is a small affair, a longdrawn-out and poor-paving affair. Cut it out, brother. That will give you greater éclat with the distracted laity. If they can see the pinkfifteen-dollar-a-week, potato-bugcheeked, striped nurse, and the Mohammedan-priest operator sawing and gouging and pulling and stitching and iodoforming—then there will be something to charge for, with a possibility of collecting the fee. But to cure a case of typhoid fever, running through four weeks, unless the hair comes out and the patient is properly and noisily delirious, is a low level of professional skill. Almost anybody can do that.

But yet, gentlemen of the homeopathic remedy, here is your field, notwithstanding. It is meet and right and your bounden duty to go out into the world and carry the gospel. It is your duty to come into the American Institute and overthrow the tables of the money-changers and scourge out the petty politicians who are disposed to make it a den of scientific-techniqueloving specialists. Your duty lies not in the peaceful fastnesses of your little practices, nor in your quiet gatherings; nor yet in the exploiting of your famous cures, as among vourselves. Your place is with the unwashed, unregenerated, unhomeopathic homeopaths who have either never known homeopathy, from having never been properly taught at college, or else have been seduced from the proper path by the glittering apple of scientific and combination-tablet discord.

#### DOCTORS AS " BARKERS."

A day or two since we received a "boiler-plate" letter from a doctor in a little town near Cleveland (who has under his name, on his letter-head, "Member Cleveland Medical Society, American Medical Association"), directed in ink to "My dear Doctor" and signed in ink, but all the rest, residue, and remainder printed, recommending some Montana mining company. No one will blame the president and other officers of this or any other company for doing their very

level best to "rope" in as many innocent lambs as can be found; but we do object to any member of the medical profession debasing himself to the level of a Midway "barker," crying and recommending the goods of this mining company or of any other. A doctor who cannot make enough money practicing medicine would do that profession and himself the greatest kind of a kindness by stepping out of it, and adopting the shopidea outright. The American Medical Association, if it contains many of these medical "barkers," might do well to go a-weeding occasionally. A personal letter from this or any other medical man in good standing, directed to us, written by the doctor for us, and only for us, upon mining or any other subject, would have received instant and courteous attention, as all professional gentlemen always honor the letters of other gentlemen. But this "boilerplate," from this downthe-country Doctor, printed on the Doctor's letterhead, thus advertising him gratis, is an affront, and ought to be thrown in the basket without opening. And we hazard the opinion that any Doctor engaging in the mining business, through the recommendation of any Doctor "barker," will find that he has been duly and truly taken in, and may be glad if he is permitted to escape alive. Mining business is all right. And so is the doctor business. The two cannot be mixed with safety.

#### AS TO "REMEMBER OF."

The stately North American Journal of Homeopathy criticises "remember of." We do not "remember of" having used that particular form of expression in any of our recent editorials; still we wouldn't assert that we had not done so, remembering that it might have slipped in, the proper occasion having arisen. We lay no claim to expert knowledge in Pineo or other of the leading grammars: our chief aim, like that of our talented brother who conducts the Medical Visitor, is to uphold true homeopathy and the American Institute of Homeopathy; and if, in the moment of patriotic enthusiasm or excusable excitement, an expression appears crosswise or hindside foremost, or not according to the latest pedagogical rules, why so much the worse for that expression. It ought to have kept out of the way. We have sometimes thought it would be an interesting study to write a book giving currency to the many Americanisms, using the expressions as the majority of the people use them, but contrary to the usage of good English as proposed by the grammar-makers, purists, and word-choppers. For instance, who, in everyday life, ever heard anyone, not a teacher of books, in answer to the question respond "It is I"? Isn't it invariably "It's me"? And, again, who ever thinks of saying "ad all," as the mouthing elocutionists and professed book-teachers have it, instead of the easy, tripping "at all" (at tall)? Something must be sacrificed to the ease of speaking as well as the custom of the people. We know that in German, and perhaps also in other of the Continental languages, there is a book language and a spoken-language. But in the United States there is but one form; though there are many words, and many more expressions in the written language, which, if used in conversation, would be voted priggish and affected. Now we anticipate—we have almost said "we expect"—that some far Eastern journalist and perhaps ex-high-school teacher or unsuccessful preacher, will take this our present gentle protest to pieces, and show up its grammatical defects in glaring colors. We believe we have heard it said, or seen it written, that critics are usually those who are disappointed writers and are themselves incapable of uttering an original thought. At any rate we do not "remember of" any better definition just at this moment of writing.

#### SECULARIZATION OF HOSPITALS AND DIS-PENSARIES.

The Homeopathic Eye, Ear, and Throat Journal has a fine editorial in its September issue on "Hospital and Dispensary Methods." In the main it takes the ground that the business part should be in the hands of business people—those whose business in life it is to make money, and not be in the hands of those others of our guild who are professionally occupied, and who are proverbially poor business men or money-makers. This is an idea which we have several times undertaken to elaborate in the columns of our journal in reference to the business conduct of medical colleges; but the editorial referred to has its own pleasant, convincing way of showing the value of this thought when applied to hospitals and dispensaries.

There can be no doubt in the minds of those associated in medical work, in college or hospital or dispensary, that it is unwise to permit the profession to control the business part of such institutions. It is an unhappy fact that a parcel of doctors, clubbed together, do not continue "clubbed together" for very many months. Some form of disunion and jealousy will break through the very thin crust of ethical formality, and soon there will be little cliques and rings and parties formed; then comes the ousting of this or that man or set of men; and at last the hos-

pital or college or dispensary falls into the hands of the outvoing clique. Thereafter, they sway its interests, always in line with their own personal and professional interests; while those of the profession, who may be equally competent and worthy, but have been turned down and out, work as zealously to do the insiders all the harm

they can.

This same professional jealousy and desire for the hell-bent dominion may dominate in as great, or, perhaps, greater ratio the other professions; we have no special knowledge of that; but we do know, and so does every medical man who has plodded his weary way through the two, three, or four years of school life that there were always dangerous places in that college life, against which he was cautioned by those of the students who had inside information. He must not visit this or that professor or clinic too much, lest it stand against him at the exams.; he had better get "solid" with the half-dozen who run the "machine" and so slip through the exams, on the score of friendship. How many of us have forgotten the petty jealousies of some chair against some other or many of the chairs? How many of us have forgotten the crass favoritism shown the contestants for hospital place, or dispensary place, or for special prizes?

A wise business man put in charge absolutely of the business of the hospital or college—he to receive his business orders from a business, not professional, board of trustees—would be the saving of many a college and hospital; and save the engendering of lifelong enmities and downright fights. A medical college which has the right to perpetuate itself in its chairs from year to year is about as weak an organization, from a business point of view, as can be well imagined. So long as political influence and the number of votes cast by these self-admiring professors constitutes the chief, if not the only recommendation for becoming a Professor, or of retaining that place, just so long will that college be run by politics and not in the interest of the precep-

tors or of the class.

We know of several homeopathic colleges where the trail of the politician was over it all. One of these was in such imminent danger of disappearing wholly from the homeopathic campus that it required the utmost vigilance, as well as the most constant study and labor, to save it from extinguishment. The others still exist, but with the blight of politics in their vitals. The former school will live because it has thrown out the politicians and come back to business principles; the others are dying a slow and lingering death. Nothing can save them but a scourging from the Temple of the Political Professors and revising the working forces along lines of professional excellence.

—Dr. R. E. Dudgeon of London, after August 28 last, restricts his address to 22 Carlton Hill, St. John's Wood, London, S. W., and office hours from 12 to 2 o'clock. Dr. Dudgeon needs no introduction at our hands to the homeopathic world; he is known through his good works, wherever there is a homeopath. We last had the pleasure to see him at the banquet given by the French brethren on the occasion of the International Homeopathic Congress in Paris last year. When called upon to speak, he "swung' into the French lingo with the ease of a native. He was persuaded, however, to "give it" to us in English, which the majority of the visitors, as well as the French doctors, understood. The Americans who sat next and opposite to him at the mahogany found him a jolly "boy," who tells a charmingly good story and smokes a cigar with the gusto and enjoyment of a young man. He is in distinct contrast to others of this neat little, tight little isle, in that he is an everyday, all-around, get-at-able, jolly good fellow, which nobody will deny. We love him, as we do a number of others of that boisterous, roystering crew of English homeopaths whom we met for the first time in London in 1896, and again in Paris in 1900. But Burnett is gone!

—An examination of the Annual Announcements of the several Ohio Medical Colleges causes us to wonder whether there will be very many applicants for medical honors in our State. The requirements for a preliminary education, the best of which is put in the hands of an entirely foreign body, to-wit, the public-school professors,—the four years of rigid application, and then, after graduation, another State examination, as if no previous examination had been made by the college graduating the student, make the problem a pretty severe one to contemplate from the college standpoint. That it will in time—the rigorous application of these several examinations, preliminary and final—give the colleges nothing but first-class material goes without saying. But whether that material will knock on the college door in sufficient numbers, after the present classes are graduated, to warrant staying in the medical-college business waits to be seen. For it takes money to run a medical school and pay off the accumulated debts of other unprosperous years, or of bad investments. It appeals at once to any discerning mind that a student who would leave Pennsylvania or New York and undergo all the hardships of the Ohio law must have an excess of enthusiasm for some special teacher found only in the Ohio school. And, further, that if the Ohio schools want tokeep their doors open, and shutters down, they must put specially attractive material into their faculties.

#### The Dietary of Typhoid Patients.

BY P. J. BYRNE, M. D.

The dietary of typhoid patients is at present in a state of revolution, and undoubtedly the new movement is in the right direction. Up to quite recently the usual custom was to keep the sufferer on a milk diet, with beef tea occasionally when the condition of the bowels permitted, until the temperature became normal. Patients treated may convalesce favorably, particularly where the disease runs a rapid course, but when prolonged the result is far from satisfactory. It is a well-known fact that many persons in good health cannot digest milk, though solid food, such as fish, fowl, and farinaceous stuffs may be digested with comfort, and it is only rational to suppose that this peculiarity is exaggerated during the febrile state.

I have frequently noticed—and particularly amongst the working classes, where the craving for food on the part of the patients has been surreptitiously satisfied by anxious friends—that in many instances beneficial instead of injurious results followed; increase of weight and tendency to rest being distinctly marked, and the convalescent period being considerably shortened; the patients often being able to return to their work in

an amazingly short time.

It is generally admitted when the tongue is dry and the temperature high, that milk and beef tea, better still peptonized, are indicated: but when the tongue is moist, and the patient complains of feeling hungry, malted preparations, followed, as the digestion improves, by light farinaceous food, such as arrowroot, corn flour, rice puddings, with a little sugar added easily digested; fish (such as sole), fowl, and occasionally part or whole of a lightly boiled egg, may be given with advantage; the digestive powers of each individual being of course carefully noted. In cases where the patient is much wasted, and diarrhea not troublesome, half to a tablespoonful of fresh cream, diluted with water, frequently repeated, is highly beneficial. The absence of vegetables from the diet in protracted cases has, to my mind, accounted directly for fatal results in at least four instances which came under my observation.

These cases were kept on a rigid diet, and in each instance the temperature had almost fallen to normal, and the special symptoms of the disease abated, when spongy gums, petechiæ, great prostration, with frequent passing of small quantities of alkaline urine, preceded death. I have no doubt that many other cases of long duration would have ended similarly, had not a more liberal diet been allowed. As vegetables are neces-

sary to maintain health under ordinary circumstances, it is obvious that in some form they must be supplied during protracted disease, otherwise, if scurvy does not actually appear, I think it may at least be inferred that the recuperative power of the blood will be deficient, owing to the lack of vegetable salts. To combat this condition, especially in prolonged cases, half to t teaspoonful of orange juice in a small quantity of sweetened water should be given occasionally, and will always be gratefully received by the patient. Vegetables, such as onions, carrots, etc., may be stewed with the meat in the preparation of soups; by this means, some of the anti-scorbutic constituents are extracted, besides giving the patient the benefit of change and variety in

I have adopted this present system of dietary during the past four years, and have every reason to be satisfied with the results.

#### The Treatment of Stammering.

BY HAMILTON GRAHAM LANGWILL, M. D.

The condition of stammering or stuttering is so frequently met with amongst patients that it is somewhat extraordinary how little attention is given to the consideration of it in the ordinary text-books. The amount and degree of mental suffering endured by the unfortunate stammerer can scarcely be estimated except by those who have experienced it; and yet, for various reasons, it comes about that the parents, who may be ready enough to call in the services of their medical adviser for merely trifling and passing ailments in any member of their family, seldom bring their children to a doctor on account of this comparatively common and extremely important defect of speech. It thus unfortunately happens not infrequently that the habit of stammering, which is usually acquired during the years of childhood, has become so deeply rooted by the time the patient reaches an age at which he has to enter upon his future career, that he finds himself heavily handicapped; for it is a striking fact (though the question of the ætiology of the condition is not under consideration at present) how much greater is the frequency of stammering amongst males than amongst females.

What the writer aims at doing, therefore, is to draw attention to a method of treating this very important and frequent, but yet obstinate, defect of speech, which not only has proved eminently satisfactory in his own experience, but has the great merit of being applicable by any practitioner who has once carefully mastered the simple principles upon which it is based. Too often

it happens, if the advice of the family practitioner is sought at all in reference to the condition, that he is unable, for want of any clear and precise methods of instruction on the subject in the ordinary text-books, either to undertake the treatment of the patient himself, or even suggest to the parents how to proceed in seeking advice. Of so-called "stammer-curers" there is no lack, but the secrecy of the methods adopted by the great majority of these is scarcely in their favor, even if the methods generally practiced by them were more physiological than is usually the case. It is, therefore, with a view to endeavoring to meet such a want that the following summary is here given of the method which the writer himself was taught, and which he has since frequently practiced with markedly satisfactory results. Those desiring a much fuller and more elaborate consideration of the principles upon which it is based will find it in Professor Wyllie's book on Disorders of Speech.

#### GENERAL CONSIDERATIONS.

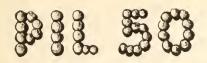
In commencing treatment it is most important at the outset to explain clearly to the patient the mechanism normally employed in speaking, especially emphasizing the double nature of the process—vocalization and articulation; showing him the part played by the larynx in producing the sound, and that played by the tongue, lips, etc., in modifying the same. The stammerer should then be made to understand that his defect consists essentially in a want of the proper harmony between the working of those two mechanisms. In a very large majority of cases the main error lies in the fact that so much attention is directed by the patient to his articulation of words that their vocalization is neglected, and it is therefore to this (by far the commonest) type of stammering that attention will here be directed. Professor Wyllie's example of the violin player utilizing in his performance two coordinated but separate mechanisms—namely, the "bow hand" producing the sounds and the "string hand" modifying these—is one which can be understood by any patient, who can readily be made to see how effectually the player will "stammer" (or stick) if he concentrates so much attention upon the "string hand" (the articulation," the common error of stammerers) that he neglects to produce the sound by the "bow hand" (the "vocal" mechanism). Moreover, the significance of the well-known fact that scarcely anyone ever stammers in singing (where the "bow hand" is so much more in evidence than the [articulating] "string hand") is at once grasped by practically every pupil.

Should the stammerer have a "musical ear"

the future treatment of his condition will be considerably facilitated, but the most unmusical patient will usually recognize that even his attempts at melodious (?) utterance are distinctly less difficult than speaking in his ordinary conversational tone. If the patient is unfortunately destitute of any "ear for music" the teacher should endeavor to get him to adopt the method of intoning (for example, as in church services), not, of course, for permanent use in talking, but in order that he may thus have firmly stamped on his mind, by practical illustration, the all-important part played by the cultivation of the vocal element in the cure of stammering. In this connection it may be of interest to point out another method which the writer frequently found of the greatest practical value, especially in the earlier stages of treatment. This consists in adopting when speaking the style, but still more the tones, of someone with whose voice the learner is familiar, when even the most difficult stumbling blocks were found to be easily surmountable. This faculty of imitating the tone and style of others (for example, a teacher or friend), is, of course, not possessed by all or in equal perfection, but where it can be utilized such a method of "getting out" a difficult word or phrase will be found, with a little practice, to be not only extremely easy and unobtrusive, but may even be made to appear quite natural in the circumstances. A similar advantage, of course, can be gained when the unfortunate patient is called upon to read aloud, if he adopts a "voice" different from his natural one. With his attention thus, as it were, constantly fixed upon the sound of the sentences, the articulation of them becomes much less of a difficulty than when he reads in his ordinary tones.

#### Imperforate Hymen.

J. H. R. Garson: In a well-developed girl, aged sixteen, height 5 feet 2 inches, I discovered imperforate hymen whilst passing a catheter for retention of urine. Inquiries elicited the occurrence of periodic pains in the back, with fullness and pressure, and gradually increasing difficulty in micturition. After placing her in lithotomy position and administering chloroform, I made a cruciform incision through tough membrane, when 15 1-2 ounces of thick black viscous fluid escaped. She menstruated regularly thereafter. was married at the age of eighteen, and I have twice attended her in her confinements, which were perfectly normal. Her age is now twentythree, and she has never experienced any menstrual trouble since the operation in September, 1804.



#### Facial Symptoms.

The following, known as "Jadelot's Lines," are said to be of value as an aid to diagnosis in diseases of children:

I. Brain and Nervous System.—Oculo-Zygomatic Line.—Begins at inner canthus of eye, passes downward and outward beneath lower lid, and is lost on the cheek, a little below the malar projection.

II. Abdominal.—Nasal Line.—Rises at the upper part of the ala of the nose, passes downward, curling around the corner of the month. Always present in gastro-enteric disturbances.

III. Thoracic.—Labial Line.—Begins at the angle of the mouth and runs outward, to be lost in the lower part of the face.—Medical Council.

These are all practical points that are a wonderful help in offhand diagnosis. They are range-finders; and will give a general practitioner a good deal of reputation in a neighborhood.

#### No Liability for Refusal to Answer Emergency Call.

In the case of Hurley, administrator, vs. Eddingfield, an action brought by the former to recover ten thousand dollars damages for the alleged wrongfully causing the death of his intestate, the Supreme Court of Indiana says that the material facts alleged by the plaintiff may be summarized somewhat as follows: At and for years before the death of the intestate the defendant was a practicing physician at a certain place in that State, duly licensed under the laws of the State. He held himself out to the public as a general practitioner of medicine. He had been the intestate's family physician. The intestate became dangerously ill and sent for him. The messenger informed him of the intestate's violent sickness, tendered him his fee for his services, and stated to him that no other physician was procurable in time and that the intestate relied on him for attention. No other physician was procurable in time to be of any use, and the intestate did rely on the defendant for medical assistance. Without any reason whatever, the defendant refused to render aid to the intestate. No other patients were requiring the defendant's immediate service, and he could have gone to the relief of the intestate if he had been willing to do so. Death ensued, without the intestate's fault, and wholly from the defendant's wrongful act. The defendant demurred to this complaint. The Circuit Court sustained his demurrer, and the Supreme Court now affirms the judgment of the lower court, holding that there was no error in its ruling on the demurrer. The Supreme Court says that the alleged wrongful act was the defendant's refusal to enter into a contract of employment. Counsel did not contend that, before the enactment of the law regulating the practice of medicine, physicians were bound to render professional service to everyone who applied. The act regulating the practice of medicine provides for a board of examiners, standards of qualifications, examinations, licenses to those found qualified, and penalties for practicing without license. The act is a preventive, not a compulsory measure. In obtaining the State's license (permission) to practice medicine, the State does not require, and the licensee does not engage, that he will practice at all or on other terms than he may choose to accept. Counsel's analogies, drawn from the obligations to the public on the part of inn-keepers, common carriers and the like, the Supreme Court adds, are beside the mark.—Med. Council.

In our former (country) practice an illiterate, tobacco-eating ex-Kentuckian went to the local Justice-of-Peace to have "the law on us" because we refused to further attend his wife. We had "doctored" in that family about two years, but wholly unable to get anything—wood, turnips, butterbeans, hop-poles, hay, persimmons, or potatoes—out of him or his n. The worm turned. May we be forever swizzled if that barefooted noodle didn't wake up the justice one midnight to compel us to attend his wife—for nothing!

# The Chief Causes Of Professional Disunity.

It is a singular thing that the chief causes of professional disunity lie in our own professional institutions—our medical colleges and our hospitals. Self-interest becomes greed, and those of us who get into college faculties and upon hospital staffs seem immediately to conclude that the profession at large is their legitimate prey. It is true that many medical colleges and hospitals are now conducted upon better lines, but there is not a city in this country where may not be found one or more such institutions. The harm they do to the general tone of professional morals is incalculable and quite out of proportion to their real importance in the world. One piratical medical college or hospital can under-

mine the morals of the entire medical profession of the city on which it inflicts itself. There are many shining examples of this, especially in Western and Southern cities. The profession, however, can apply the remedy when it chooses. Through its medical societies, if led by strong and honest men, it can set the seal of its disapproval so strongly upon those connected with institutions that permit and even encourage these immoral practices, that none will dare incur its displeasure and invite consequent ostracism.—Cleveland Jour. of Med.

How very true! Especially when such alleged, commercially-conducted medical college is filled almost plumbful of carpet-knight Professors—men who have a reputation to make, and sometimes pay for permission to call themselves of the Professorial Order! or it has one or two ruling bosses, who dominate not only the trembling Professorlets, but also the teaching of such colleges. The Cleveland Jour. of Med. speaks by the card. It has seen and experienced, it and its many readers, the despicable things recorded.

#### Novel Method For Removal of Tapeworm.

W. C. K. of Baltimore, Md., in Medical Brief, says: I beg to recite to you a story as told me by a neighbor. He is a high-toned, honorable gen-

tleman, a Hollander.

"I was in Washington yesterday, to see my son Henry. Several years age he had a tapeworm. A doctor cured him at the time, so we thought, but it appears that the thing has grown again, and now he is going to try a doctor in Washington, who claims he can remove head and all. My daughter, Dora, has one, too.

"In Middleburg, Holland, there is a doctor, named De Pu, who is a reckless chap. A friend of mine had a tapeworm. He called on Dr. De Pu. The doctor requested my friend to abstain from food of any kind for twenty-four hours, or until he got quite hungry. When he was so hungry that he felt as though he could not stand it any longer, the doctor fried a beefsteak, held it close to the patient's mouth, and to my surprise the patient began to gag, the worm stuck its head out of his month, and the doctor, with a scissors ready for it, clipped off the head, the balance receding. It was the last of it. Upon my honor I saw this. I requested Dora to let me do the same for her, but she will not submit to it."

The above seems incredible, but considering the character of the friend referred to, I am obliged to believe it. This beats the male fern, pelleterine,—at \$5 per dose,—chloroform water, pungkin seed, pomegranate, and all the other "dopes" so confidently recommended. After trial of this new way on your next patient, kindly report results.

#### Surgical Sewing Machine.

A surgeon's sewing machine was exhibited by Dr. Paul Michel at the late Congress of Medicine. The instrument is quite small, easily held in the hands, and has received the Barbier prize of the Faculté de Médécine. In future a surgeon need not slowly stitch the edges of a wound. With the left hand he keeps the two lips together, and with the right he fastens it by means of little clasps or "agrafes" of nickel, having points which only penetrate the epidermis, and are not painful. These catches are applied to the machine, a species of pincer armed with them, which can be disinfected by heating it red-hot.—New York Medical Times.

So that, presently, our scientific specialists will be saved a good deal of labor, with the added freedom from sepsis. But the possibility of a careless nurse leaving a window open, and thus destroying a well and successfully operated-upon patient, continues a continuing and ever-present menace.

Dr. Marks of Erie, Pa., in a recent visit at our office, related the instance of a "reputable" physician,—reputable because admitted to practice under the stringent medical laws of Pennsylvania,—who sewed up a shameful perineal laceration with an ordinary seamstress' needle and spool thread!

#### Possible Gastronomic Delicatessen.

Under its customary heading of "Retrospective Dietetics," the Medical Times gives place to the following triple additions to a modern menu card:

Insects Recommended for Food.—A French entomologist, M. Dagin, recommends insects as an article of food. He speaks with authority, having not only read through the whole literature of insect eating, but having himself tasted several hundreds of species raw, boiled, fried, broiled, roasted, and hashed. He has even eaten spiders. However, he does not recommend them, but this may be prejudice on his part. He states two objections to spiders: They are not insects, and they live on animal food.

Cockroaches Are a Foundation for a Delicious Soup.—M. Dagin follows the recipe given by Senator Testelin in a speech delivered in the Senate on February 12, 1878: "Pound your cockroaches in a mortar; put in a sieve, and pour in boiling water or beef stock." Connoisseurs prefer this to real bisque. M. Wilfrid de Fonvielle, the French scientist, prefers the cockroaches in the larval state. The perfect insect may be shelled and eaten like a shrimp; that way, Dr. Gastier, member of the National Assembly of

1848, used to eat them.

Caterpillars Are a Light Food of Easy Digestion.—Not only African and American native races, but Frenchmen appreciate them. M. De Landale, astronomer, had dinner every Sunday with the zoölogist, Quatremère d'Isjonvalle. Mme. d'Isjonvalle, who knew his taste, collected in the afternoon all the caterpillars she could find in her garden and served them on a plate to her guest. The most popular insect food is the locust. It is eaten fried, dried in the sun, ground in flour, broiled (among the Bedouins), boiled in milk (a Morocco recipe), or fried and served with rice as in Madagascar. The Jesuit Father Cambon thinks that locust flour might become popular in Europe as a condiment. Travelers' opinions on locusts differ. Amicis finds they taste like shrimps; Niebuhr, like sardines; Livingstone, like caviare.

#### After Many Days.

There is too much running after fads in our profession; too much striving after the odd and the eccentric; too much antitoxin and serumtherapy, and microbe-hunting, and Chinese toyshop apparatus and instruments; and not enough of that placid horse-sense which just cures folks and lets the book-doctors and instrument-inventors give the long-handled names.—An Exchange.

This reads very familiar and along the lines in which we frequently delight to write. But as this "journal" gives no credit to us and ours we must take it for granted that "great minds"—ours and the St. Louis fellow's—"travel in the same channel." It gives us some pleasure to note that the name of no proprietary medicine, better than Homeopathy, has been woven into these few copied lines, which used to be so much the fashion of its brother journal published by the same pharmaceutical factory, and in the same interests. It also, elsewhere, tells the profession that this month it reaches twelve thousand physicians, which has a familiar sound to the other journalists; for this "greater-circulation-than-

any-other-homeopathic-journal "has of late years been somewhat abandoned by the running-mate of this esteemed exchange. It is pleasant to reflect that this ably conducted scissor-journal now reaches twelve thousand of our reputed thirteen thousand physicians—for being the avant-courier of a homeopathic company it would not debase itself, or its ultra-homeopathic products, by appealing for support to the allopaths! But the fact that twelve thousand copies of this journal reach the physicians does not always say that twelve thousand physicians are subscribers, or have paid or ever will pay one cent for it. It may mean that, as in our case, the wrapper is stamped "Sample Copy," as was for so long the custom of its brother-journal when it was still bragging of its greater circulation; or else it may mean that, like some other reputed "journals," it is sent out in wagon-loads as a thinly disguised advertisement sheet for its pharmaceutical factory. This, as the general profession may not know, is a much cheaper way of advertising store-goods than the ordinary resort to medical journals and paying for advertisements therein. When this resource finally palls, the newspapers may be called into requisition, as was noted in our pages some months since of a newspaper printed ostensibly as A Farmers' Weekly, when, in fact, it was a scissored and paste-potted sheet of book-maxims on agriculture, a century or two old, with the deep underlying foundation of patent medicines of the most vile and despicable kind. It was cheaper to print and publish a whole newspaper from some little cross-roads station than to exploit the hellbroths through the more costly avenues of the handbill, and the character-uplifting modern daily press. There are very few of the current medical journals taken upon subscription pure and simple. Their price has been so cheapened by the addition of advertisements of stool pigeon colleges, hospitals, pharmacies—or perhaps that metaphor ought to have been reversed—the journal being the stool-pigeon of these varied interests—that if a physician will but pay the price of the paper upon which they are printed he may have his fill of elegant medical literature to place upon his reception-room table. Very few medical journals could live on the subscription list alone. From which it may not be a violent step to the conclusion that a "journal" supported by a college, or hospital, or pharmacy will not only not give the profession the truth concerning the institution which is furnishing them their printers' ink and paper, but will deliberately falsify that truth in order to make it square with the interests of the alleged college, pharmacy, or hospital. Does the profession like that kind of cheap literature?

#### Difficult Insurance Examination.

This is the way the Arkansas Traveler talks about "Old Bob's Examination."

Old Bob conceived the idea of having his life

"How much do you weigh?" asked the examining physician.

"I weighs bout fifteen poun's more den my wife does.

"Well, how much does she weigh?"

"I'se dun forgot; but she's a whopper, lemme tell yer."
"How tall are you?"

" Who—me?"

"Yes, you.

"Lemme see. Does ver know Abe Seiver whut worked fur ole man Plummer?"

" Xo.

"Well, I'se sorry, fur I aint quite ez tall ez

"How old are you?"

" Who-me?"

"Yes, of course you. You are being ex-

"Dat's a fack. Wall, lemme see. My birthday comes in July, an' now what I wants ter git is how many Julys I ken recolleck. Ain't dat de p'int?" "Yes."

"Wall, lemme see. Blame ef I knows. Suppose we make it August, 'stead of July.

"What difference would that make? "Doan' know, but it's jes ez easy."

"I'll put you down at fifty." " Put who down at fifty?

"You, of course."

" No, boss; doan put me down at fifty. Jes' say seventy-five.'

"Why did you wish to appear so old?"

"Well, yer see, I'se gwinter git er 'vorce from my present wife an' marry er young gal. Ef a man dat's got er house an' lot's mighty ole, er young gal will marry him, 'case she thinks dat he will soon drap off, an' den de house an' lot will show her up mighty fine in de market."

" How old is your father?" " 'Bout er hunnerd an' ten."

" You don't tell me so."

"Yes, 1 does."

" Is he in good health?"

"Oh, no, sah! Dat aint whar he is. He's in

"Thought you said he is one hundred and

"He is. You didn't ax me how old he wus when he died."

"Well, how old was he when he died?"

" Bout forty."

"Had he enjoyed good health?"

"Oh, yes, sir! De healthiest man you ever seed."

"Did he have a lingering disease?"

"What sort 'zeaze?"

"Was he sick very long?"

"Oh, no, sah! He drapped off mighty sudden."

"Heart disease?"

"No, sah."

"Did the doctors attend him?"

"No, sah."

"Well, what did they say was the matter with him?"

"Da didn't say much o' nothin'. One 'o 'em climbed up an' put his ear agin de ole man an' said dat he was dead enough ter be cut down. Den de sheriff cut him down and put him in er box. Doan' think dat he had heart 'zeaze, boss. Think dat he had some sorter trouble wid his naik.'

"Look here. I don't believe that you want

your life insured."

"I doan' b'liebe I does, since yer's gunter pry inter a man's family history. Good day, sah."-The Medical Examiner.

## Book Reviews.

Electricity in Medicine and Surgery. By William Harvey King, M. D., of New York; with a section on Electro-Physiology, by W. Y. Cowl, M. D., of Berlin, Germany; and a section on the Bottini Operation, by Alfred Freudenberg, M. D., of Berlin, Germany. New York: Boericke & Runyon Co. 1901.

Dr. King is the Editor of the Journal of ElectroTherapeutics, and the author of a number of works along this same line of work-and in which he has taken a front rank. He is associated in a consulting capacity with a number of prominent medical institutions, clearly evidencing his large experience, his skill, and his great popularity. A book from the brain of this eminent specialist needs no commendation from us. It will be necessary only to say that it is in the usual clear and concise style of Dr. King's diction; that it is up to date in every particular: that the illustrations are most graphic and instructive; that the additions made by the two foreign contributors give much that is new to the American readers. The book is a large one, is well printed and bound, and sells for \$3.50. It will fill the requirements of office work as well as a student-volume for those who incline to the electrical side of therapeutics. This subject of electricity is fast assuming proportions which the general practitioner and surgeon may not ignore. The period of the "shocking-machine" and the mere caustic application of electricity is gone. In their places have come all the wider and grander knowledge of the remedial effects of this wonderful medium.

### Correspondence.

A letter was received from Dr. A. M. Cushing, of which the following is the major part, and explains itself:

Springfield, Mass.

American Homeopathist:

forty-four years ago I treated a patient with ty-phoid fever. Dr. A. B. Crosby (old school) of Dartmouth Medical College took charge of the case and ordered medicines, and I watched the case and followed his directions, as he lived some twenty-five miles away. The patient died.

Some thirty years ago I had a bad case of alcoholism, but I called it typhoid fever for the sake of a nice young lady to whom he was engaged, and he died; but I am quite sure an old-school doctor treated him the last week of his life. These are the only cases of "typhoid fever" I have lost. Now, as to my bringing out my "grandfather's wonderful remedies": I don't quite remember the wording, but I have never mentioned my grandfather, but did call the attention of the profession to mullein oil, that cured my father, and that is now used largely by all schools.

Other remedies that I have proved: Artemesia, abrotanum, dioscorea (H. C. Houghton of New York said my proving of dioscorea saved his life), bromide of ammonium. Morphine and salicylic acid were known to the profession somewhat before my proving. Rhatany was a little known, but since my proving of it it cures more rectal diseases than any other remedy we have. Homarus was unknown till I proved it, and found some of its wonderful properties. Phaseolus nana was known a little outside of Boston, but no one knew of its powerful action on the heart till i almost stopped mine by taking it, and it is the most wonderful remedy we have for that disease. In one case lately, where four doctors were in consultation, it was said the patient must die in a few hours of heart disease. Phaseolus 5x was given, and in three weeks all she complained of was some weakness.

Respectfully yours,
A. M. Cushing, M. D.

September 28, 1901.

Our criticism of Dr. Cushing's forty years of typhoid fever immunity called forth the above protest. We do not blame the doctor for being

offended; but we say again, that a physician who can practice forty years and not lose a case of typhoid fever is certainly a most remarkable and fortunate practitioner. It will not do to say that Dr. Cushing has no practice, for the contrary is true; and, in the light of his letter above quoted, we must therefore conclude that he has been most unusually successful, or else he has had access to information and remedies from which the remainder of us are barred. Dr. Cushing has given a number of new remedies to the profession, notably the mullein oil, and phaseolus. The former has disappointed us in every instance, the latter has proven a God-send in our heart cases, and outranks anything on our shelves or in our office drawers. The other remedies named we have not had occasion to use; and we have never heard them decried. Again we add that our criticism was not as to Dr. Cushing personally, or his many remedies, but against the statement of forty years' immunity from typhoid fever deaths.

#### Globules.

—The seventeenth annual session of the Texas Homeopathic Medical Association was held at Dallas, October 8 and 9, with a large attendance and a gratifying number of applications for membership. Several of the recent graduates made their initiatory bow, and the meeting as a whole was pronounced enthusiastic. The officers for the ensuing year are: President, Dr. W. D. Gorton, Austin; first vice president, Dr. W. F. Thatcher, Dallas; second vice president, Dr. E. E. Davis, Dallas; secretary, Dr. Julia H. Bass, Austin; treasurer, Dr. T. J. Crowe, Dallas.

Texas has over one hundred of the most promising towns for homeopaths to settle that can be found in any land or clime. Fees and collections are good. Our new medical law provides for a Homeopathic Board of Medical Examiners, and exempts from examination holders of State certificates whose credentials are first-class.

Correspondence invited from all who desire a change for the better, as well as from the recent graduate. Julia H. Bass, Secretary, Austin, Texas.

—The first regular meeting of the Cleveland Homeopathic Medical Society after the summer holidays was held at Stranahan's Arcade Caré, September 25, with thirty-two physicians present, including President Dr. H. D. Bishop, J. C. Wood, J. Richey Horner, G. A. Jend, D. H. Beckwith, J. C. Sanders, W. A. Phillips, G. J. Jones, H. F. Biggar, Cora D. Fenton, H. H. Baxter, G. W. Spencer, E. H. Jewitt, But-

ler, Harriet B. Chapman, Cameron, Baldwin of

Elyria, W. E. Trego, and others.

A paper was read by Dr. Josephine M. Danforth, "Mucous Cylinder from the Bowel Tract," and discussed by Dr. J. C. Sanders; also an interesting case of "Necrosis of the Palate Bone, with Removal of Sequestrum," by Dr. F. N. Richardson. Perhaps the most interesting, because the most widely discussed, paper of the evening was a contribution on "Tuberculinum: Report of Clinical Cases," by Dr. A. B. Schneider. "Results of Climatic Treatment in Pulmonary Troubles," by Dr. B. F. Gamber, was discussed by Drs. Baxter, Beckwith, and Sanders.

The society then discussed, at the suggestion of the president, the matter of having a social entertainment as well as a business session at each regular meeting. Dr. Baxter suggested inviting physicians to the dinner, and that those who could not attend the dinner could perhaps be present at the business session. Another suggestion was made that the meeting be held at 8 p. m., without dinner, so that the students might be present. Dr. Spencer hoped that the present entertainment might be continued all winter, because it was pleasant to see those present who had not been here before, and thus made the meetings pleasanter. There was a great social power concealed in such "break-bread" meetings. Reference was made to the committee heretofore appointed to invite the American Institute, and to raise funds for its entertainment, ending in resting the matter with the committee of physicians already appointed at the Chamber of Commerce meeting, and of which Dr. Baxter is chairman. A subscription paper was then circulated for meeting the expenses of entertaining the Northeastern Ohio Medical Society, to convene in Cleveland in October.

The esprit de corps was fine—several physicians attending whise presence had not for some time past graced these meetings. It was a happy thought on the part of the president to harmonize the discordant elements, and if he persists in his laudable undertaking must necessarily result in the establishing of a better professional feeling, and ultimately in breaking down the social barriers.

The introduction of the social feature, a luncheon at a nominal price, is in line of our endeavors of the early summer and we trust will become a prime feature of these meetings.

In furuncles and carbuncles of the upper lip it is especially important to operate promptly, usually by thorough excision under an anæsthetic. The location of the disease, in such cases, makes them peculiarly dangerous owing to the possibility of the occurrence of rapid thrombosis of the facial veins, extending to the cerebral sinuses. This, in turn, is apt to cause fatal pyæmia.

—One of the most most interesting exhibits of the just-closed Buffalo Exhibition was the department containing A. A. Mark's display of artificial limbs. A treatise of five hundred pages was given to every interested applicant. A copy of the book may be had by any physician addressing the New York office.

—Never give an emetic in order to recover a foreign body that has passed into the stomach. If it is small enough it will always be passed in the course of a few days, while if too large for this vomiting would be a dangerous and useless thing to bring about.

Feed boiled potatoes right along, and plenty

of them.

—Messrs. Boericke & Tafel have opened another pharmacy in New York City, in the "uptown" district, at 634 Columbus Avenue, near Ninety-first Street, being the third pharmacy in New York City for this progressive house, and their tenth in the United States.

And in Cleveland this enterprising and reliable firm has established a branch agency with the S. G. Jackson Drug Co., corner of Payne and

Case Avenues.

As this firm does not issue any better-than-Government bonds, and does not scatter its home-opathic title over seventeen or eighteen anti-homeopathic stuffs, but attends strictly to its knitting, we hope to see it continue its old-time success, and add yet more to its present reputation.

—" Self-Examinations for Medical Students" is a little vest-pocket book of questions selected with a view to prompting the laggard memory in the various departments of medicine. The questions seem to have grown out of a summary of questions asked by the various State Medical Examining Boards in the years gone by. In order that the self-examiner may not be aided by suggestion, or by rote and routine of memory, the answers are not given; but a numeral is shown, followed by a second numeral. The first number refers to the text-book, which is shown on an earlier page, and the second number the page on which it may be found. The arrangement is quite an ingenious one. The little book costs but ten cents, and is published by P. Blakiston's Son & Co.

#### The American Homeopathist.

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# The American Homeopathist.

NOVEMBER 15, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



Edward H. Muncie, M. D., Brooklyn, N. Y.

T must be true that the great rate of speed at which the automobile bowls and bumps and churus over our streets and boulevards has a bad effect upon the eyes.

W E remember to have read, some time since, that when Winton entered upon an automobile race, one of his chief troubles was in regard to his eyes, and also of his chauffeur's eyes.

SEVERAL of our most eminent surgeons now ride in these gasoline wagons; and we have noted how bad their eyesight has become since adopting the great speed of locomotion. We have met two of these eminent men—homeopaths by first intention—a number of times recently—they on their high horses, we on the humble steed, as befits a poor parish practitioner—and we remarked their painful inability to see us and other people lower down, at least in a lower stratum of atmosphere and things.

BUT this eye-trouble is true also of some carriage-folks in the profession when they stray out into our poor bailiwick. As soon as we can take a day off we are going to visit that charming eye specialist, Dr. Harriet Chapman, of our city, and discuss this new form of blindness which threatens the health of so many of the local college professors. Sir?

THE incoming Executive Committee has decided to bring the Institute to Cleveland.

So there is nothing further to do but to acquiesce most gracefully, which we do, and will help in all ways possible to make the Institute welcome and a success.

In leaving the topic, for it is dead now, we may be permitted to say that we were alone in this upholding of the belief that the Institute had voted not to go to a city. It was a lonesome kind of a fight. We were present at the meeting which passed the resolution and supposed we heard what was said. But since ALL the other journals have preserved such remarkable silence, in view of the actual circumstances in the case as we believed them to be, we gladly abandon the contention instead of advertising for a Critchlow to draft a Deadly Parallel for us, and let the incoming Executive Committee have the right of way.

#### Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. (See issues of January 1st or December 15th each year.)

#### Bellis.

Dr. Dewey has an interesting article on bellis perennis in the Medical Century, in which he cites the following remarks, supplied to him by Dr. Burnett, to whom mainly we owe the remedy: "Bellis acts very much like arnica, even to the production of contingent erysipelas. It causes feeling of being very tired, prover wanting to lie down. It acts on exudates, swellings, and stases, and hence in a fagged womb its action is very satisfactory; indeed, in the discomforts of pregnancy and of varicose veins, patients are commonly loud in its praise. In the giddiness of elderly people (cerebral stasis) it acts well and does permanent good; likewise, and particularly, in fag from masturbation; in old laborers, especially gardeners, it is a princely remedy. Its action in the ill-effects of taking cold drinks when one is hot is now well known. It is a grand friend to commercial travelers, and in railway spine it has not any equal, so far as my knowledge reaches. I think stasis lies at the bottom of all these ailments. It should not be given at night, for it is apt to cause the patient to wake too early in the morning—a symptom which, occurring idiopathically, it will often, in higher dilutions, cure.'

#### Helleborus Niger-Black Hellebore.

The Eclectic Med. Journal says this old remedy has fallen into disuse, and it may be disrepute with some practitioners, and we believe principally because they did not use it properly. No doubt it was given in much too large doses, and poisonous rather than medicinal effects followed, or if you prefer it, physiological effects followed large doses. They were disagreeable head symptoms, emesis, spasms, heart failure, hypercatharsis, cold sweats, death, and the undertaker. It is certainly a remedy with some force, or it would not produce these effects, and the point necessary to its becoming valuable is first, what is the medicinal dose. Five drops of the specific medicine to four ounces of water, and a teaspoonful of the mixture given every hour or two, will act kindly, produce good effects and not ill.

Helleborus certainly has some cerebro-spinal influence, and it also affects the sympathetic to a degree. Its heart effect is not much unlike that of digitalis. Upon nervous manifestations it has a very material or decided influence. It is a remedy of no mean value in hysteria and hypochondria, and in mania as well as in epilepsy, apoplexy, etc. It has been praised as a remedy for dropsy. Relief in this instance does not come through its hydragogue effect upon the bowels, but rather through increased heart action, and consequently diuretic effect.

Dr. Goss credited hellebore with having a specific action upon the genito-urinary organs of both male and female. He highly recommended the small dose as an emmenagogue—a remedy for functional amenorrhæa. He declared that it would overcome some cases of sterility in the female, and act as a bracer upon the male; that it would relieve or cure impotence in man when due to atony or excess. If it will reach all cases of this kind, we can soon get rich, and at the same time get rid easily of a mob of impotent ingrates.

#### Ipecacuanha.

This drug has been commended in the morphia habit. An interesting case of the kind is reported in which it was of signal service.

#### Eupatorium Perfoliatum.

The Eclectic Med. Journal's specific indication for this remedy is sluggishness. No organ seems to be doing good work. The kidneys are not acting freely, the pulse is frequent and full, its beats are not distinct; there is pain in the head, in the bones, everywhere. The skin is more or less moist, but it is soggy, lifeless. Boneset increases skin action—tones it up; it promotes the function of the kidneys and strengthens the circulatory current. In fact, it stimulates the sympathetic nervous system, which gives new life to all of the vegetative functions of the body.

Bearing this in mind, eupatorium perfoliatum is frequently a remedy par excellence in rheumatism, the bone pains of syphilis, in remittent and intermittent fevers, and sometimes in typhoid fever. In fact, its administration should be considered in every case of acute or chronic inflammation in which the pulse is full and soft, and almost waveless or indistinct.

The action of boneset upon the sympathetic makes it an excellent remedy in many cases of convalescence. It helps them climb the hill to a complete recovery. For the same reason it is a very efficient remedy in some cases of atonic dyspepsia and so-called general debility. It should not be overlooked in the treatment of any disease where mild stimulation is needed. It will frequently lessen the cough of measles, pneumonia, relieve asthma, and it has a great

reputation with the profession and the laity as a beneficent agent in colds with fever, pain in the bones, etc., in catarrh, and in la grippe.

#### Calcarea Carbonica.

Dr. O. S. Hains 5 says: Frank Kraft, droll, epigrammatic, and audacious, has pictured the calcarea patient in the Medical Century for July, and we like his vivid portrait, yet cannot understand why he should say, "I have tried for some time to picture to myself a grown-up man to be a calcarea carbonica patient. But I have failed." We cannot believe that it is mainly women and children who fall within the special scope and influence of this remedy. How about the "rheumatisms" and "gastric disorders" in men, which we so often find indicate calcarea, and not rhus, "nor nux," nor puls. after all. Dr. Kraft says: "The calcarea carb. patient is a chronic sufferer; he is one of that unfortunate class who are endowed with a heritage of sin and corruption. There are but few of the most commonly known ailments dipping into heredity, like consumption, cancer, scrofula, and the like, that do not, at some point along the line of degeneracy, find their similar in calcarea. As children, they are cold and clammy; illy-nourished, usually bottle babies, and most frequently condensed-milk bottle babies. They are slow in everything; slow in teething, in walking, in talking. They may be mamma's big, bouncing, fat and chubby girl, weighing thus and ever so much, but the blight of lime-less-ness is over it all. Although fat and fluffy and unwieldy, it lacks life; its cheeks are never red; its eyes are dull and fishy, and often sore; it is prone to snuffles, to sore ears, to bowel troubles; in short, to all the effects of malnutrition. It is a poor feeder; that is, it eats ravenously at times, but its stomach lacks assimilative power. The little or the large abdomen is turned up like the bottom of a saucer, and filled with gases. It is not a crying baby, but rather a peevish, fretful child. When its teeth do come, they early show signs of decay and deformity. There is much sweat about the head and feet. This child has large eyes, large nose, large ears, large hands and feet, large fingers and large joints. Its skin is the color of pie crust. It is the direct opposite of the phosphorus child, which is fine and refined, delicate, and as smooth as silk. The grown-up woman calcarea patient has that cellary, dank, damp basement-like odor about the hair that is very noticeable."

In connection with this résumé of the calcarea patient, the author narrates a most interesting case of a scrofulous child, which rather tends to prove how much homeopathy can sometimes do towards removing the handicap placed by heredity upon these infantile wrecks.

#### THIRTY REMEDIES OR MORE.

GEO. M. OCKFORD, M. D., RIDGEWOOD, N. J.

I have always been an admirer of the fearless manner in which the American Homeopathist handles the questions of the day, and generally I agree with its views. A recent article, however, does not suit me. The article in question virtually says that in general practice a case containing thirty remedies will meet all requirements. To my mind, an advice to place reliance upon any thirty remedies of our materia medica would be like equipping a carpenter with a saw, hammer, and square, and telling him he was equipped for all work. He might build a barn, but certainly nothing more elaborate. I never go out with less than fifty remedies in my case, and even with this number I fail to carry all I need. My stock remedies are embraced in the following list:

Aconite, apis mel., arnica, arsenicum, baptisia, belladonna, bryomia, calc. carb., cantharides, causticum, chamomilla, chelidonium, china, cimicifuga, colocynthis, dulcamara, gelsemium, hydrastis, hyoscyamus, ipecacuanha, iris versicolor, kali carb., kali bichrom., kali. phos., lachesis, lycopodium, hepar sulph., mercur. vivus, merc. corr., merc. biniod., magnesia phos., natrum mur., nux vomica, phytolacca, pulsatilla, rhus tox., secale cor., sepia, sulphur, tart. em., veratrum, glonoine, sanguinaria, aloe, capsicum, drosera, kalmia, spigelia, echinacea, antim. crud., santonine, cuprum met., ignatia.

That list ought to cover most every case, but it does not. Within the past week I have had to go outside of it several times. I ran across a case where the chief complaint was roaring in the left ear. I might have given china or glononine, but a study of the condition of the patient showed asarum europ. to be the remedy. I sent it, and two doses relieved it completely. Then I struck a case of abdominal soreness which might have indicated belladonna, but the remedy that covered it better was ptelia trifol. This I gave, and the improvement was rapid and cure complete. I saw a child suffering with ophthalmia. I might have given sulphur, calcarea, or hepar, but baryta iod. was indicated and did good work. None of my stock remedies fitted a cough coming on after the first sleep, which Arabia rac. cured. Then another cough patient received manganum, because the cough ceased on lying down and, in the morning, he raised quantities of thick purulent matter. So it goes all along the line. Odd remedies are frequently needed, and our best results are obtained by such prescriptions. Intermittent ocular neuralgia was relieved by cedron, asthma by arsenicum iodide,

lumbago by oxalic acid, all occurring in general

visting practice.

The trouble is in relying on too few remedies in the disposition to use antikamnia or other coal tar product, which might relieve pain, but not better than an indicated remedy. The student of materia medica will find a mine of therapeutic wealth in neglected remedies, and the more of these he has within his grasp the better he will be equipped to fight the demon of disease.

#### THE PHYSICIAN'S DUTY IN TREATING SCARLET FEVER.

BY E. D. BERGEN, M. D., FRANKFORT, IND.

When you have diagnosed a case of scarlet fever it is your duty to isolate the patient. The room should be large, well ventilated, plenty of sunlight, and a temperature of about seventy degrees. Remove all unnecessary articles, and it is best to use rugs on the floor in place of carpet. The patient should lay between sheets on a mattress bed.

Keep a vessel in the room, containing a disinfectant, to receive the discharges from the kidneys and bowels, which should be immediately

removed from the room.

The patient should have a daily bath in warm water with a little carbolic acid in the same. All of the patient's clothing and sheets should be changed each morning and boiled in carbolized water.

The room should be sprayed and the floor sprinkled with a disinfectant two or three times

a day.

As to treatment: If any of the family have been exposed to the disease he or she should be given a preventive, and if in summer, kept out of doors

as much as possible.

The patient should be given the indicated remedies, and in cases where the fever is high, 104° or 105°, the external use of tepid water should be used. I prefer the frequent bathing of the body with a cloth wrung out of tepid water. A cold cloth on the head and little pieces of ice held in the mouth will give your patient much relief.

The kidneys should be watched and the urine examined daily. If any albumin is found, use one of the following remedies: Apis, arsenicum, mercurius cor., or apocynum can. If any cedema occurs, the urine scant, and if there is constipation, give a decoction of apocynum can., teaspoon to a tablespoonful every two hours; when better, every four hours. In small children use only one-half teaspoonful, and, if necessary, increase

the dose. Also keep the patient in bed with sufficient covering to keep up a gentle perspiration.

In complications of the throat use necessary remedies, local sprays and gargles as needed.

For the itching and burning of the skin use

carbolized vaseline.

During the course of the disease you should keep the patient quiet and nourished well, using good liquid food, milk, beef tea, and any of the

good nourishing soups.

During desquamation give the patient a good warm bath night and morning. After each bath rub the body well with carbolized vaseline. When your patient is all through this stage give a hot bath and change all of the clothing. Always dress warm during convalescence.

Now you are ready to disinfect the room. Place the mattress on two chairs and hang everything about the room so the disinfectant can get to it. Then sprinkle the floor with alta. Close all windows and doors and use formaldehyde or burn sulphur, if you prefer. Let the room be closed for twenty-four hours, then open all windows and doors and air thoroughly. The clothing and other articles, that can be, should be boiled in carbolized water. The mattress, bedclothing, rugs, etc., should be aired for three or four days. The floors and wood work should be washed in carbolized water and the walls repapered.

The physician, when visiting a case of scarlet fever, should wear a linen duster, leaving it there and putting it on each time in making his call. Then take a drive in the open air before visiting any other patient. Also washing his hands, face.

and hair in some disinfectant.

#### SECOND-CLASS MAIL MATTER.

A sharp-penned correspondent calls attention to the advertising medium of Peruna under the form of a monthly medical journal entitled "Medical Talk," and asks that something explositive be said, which, however, we do not care to say. For what is the use? St. Louis is chock-full of the same trade journals masking as "second-class matter" and, therefore, traveling in the mails at pound rates. There seems to be no way to reach these advertising-sheets, unless it be to get "after" the medical man who lends himself to so palpable a fraud as "editing" a patent or proprietary medicine advertising monthly and degrading his professional walk and work. But it is not a far cry from the patentmedicine and combination-tablet "journal" to the "journals" fostered, feathered, and fed by medical colleges, dispensaries, and hospitals. Indeed, there are but few truly independent med-

ical journals in our (sectarian) school. And of what avail is it to be editor of a sheet, when the college padlock is securely fastened on the editorial inkstand, or the hospital gag is inextricably thrust in the editorial teeth? When the college or hospital or dispensary or sanitarium or pharmacy pays the printing bill and finds it cheap advertising even then, it is small wonder that the annual subscription is put at a nominal rate of fifty cents, or as "high" as one dollar, and that twelve thousand physicians receive the "journal" every month! Is there not already evident a reaction against the bulky mass of paper which reaches the metropolitan readers every Sunday morning as and for their morning paper? Is it not become a fact that the Sunday paper is the least newsy and most trashy of the whole week? Some of the alleged medical journals are built on the same model of bulk of paper and lack of news. They are filled with hash and rehash. The scissors and the paste-pot are in the ascendant; or more than half the space is given over to answering burning questions concerning sexual frigidity, impotence, gonorrhea, and leucorrhea; in each instance rubbing in some patent medicine largely advertised in that issue, if, indeed, the "dope" be not owned by the journal. This is not to say that these conglomerations and combinations are not interesting; for the reverse is most frequently true. They are like the old-time "patent insides" of the country weekly, which, being prepared by a well-routined syndicate, selected from the whole world's literature the most choice and interesting tidbits. But when it came to saying or printing anything original it spent itself in referring to the extra fine "punkin" which Squire Weazelfoot recently laid on our sanctum table, or expatiating upon the size of the party given in honor of Belle Maynice Carolyn Goosefoot's christening. These fifty-cent and dollar "journals" are interesting, comic, and instructive in a general way: but they sustain the same relation to true magazine or journal ability that the sixty-page Sunday newspaper holds to the Philistine: bulk against brain.

#### THE PRESIDENT'S CASE.

BY GEORGE M. OCKFORD, M. D.

There is one point in the President's case that it seems to me has been lost sight of in discussing the cause of death. Now, anyone who has studied gunshot wounds of the abdomen knows that in cases where the ball, after passing through the abdomen, came in close proximity to the spinal column, a fatal result ensued very quickly,

while those with transverse wounds lived longer and even recovered. How can we account for this difference? Probably because in the rapidly fatal cases, the sympathetic nerve became injured. Now take the President's case. The ball passed through the stomach, struck the left kidney, and then was buried in the muscles of the back. Buried in these same muscles are ganglia of the sympathetic nerve. If one of those was injured we could account for all the subsequent phenomena. A degenerative process would take off the controlling power of the sympathetic and allow the pulse to run in a rapid manner—like a machine with the fly wheel off. The same lack of nerve force would account for the lack of reparative power in the wounds. The subsequent degeneration of the wounded nerve would be sufficient to cause death. Of course, the lack of nerve force may have been due partially to the strain of official life, but to me it does seem that this lack of nerve force was the most prominent feature of the case.

Injuries of the sympathetic nerve are the most severe lesions that we meet in practice, and even slight affections of its ganglia may cause death. This has been proven post-mortem in cases of neuritis, where the only thing that could account for sudden death was a congested condition of a sympathetic ganglion.

# EXPERIENCES OF A SUCCESSFUL GENERAL PRACTITIONER AS DETAILED BY HIMSELF.

When I began the practice of medicine I entertained some high ideas respecting professional ethics. Such were not the result particularly of my medical college training, for, in so far as my memory serves me, very little was ever said on that subject within the walls of my alma mater. The term of service there was too short to admit of much indulgence in the fanciful. Practically, if not theoretically, it appears to be taken for granted that if a man was an honest gentleman, dissertation in that line were superfluous, and if he was not he could never be made such in the limited time at command.

When I settled in my chosen village I called on the two older practitioners and meekly informed them of my designs. The more prominent and busier of the two received me with apparent graciousness, and immediately proceeded to impress me with the fact that he was lord of the manor, so to speak, and that it was a piece of presumption on my part to attempt to settle within the confines of his territory. My expression of a hope that he might find it a pleasure to aid me on occasion was met with an evasion. I soon learned that his public estimate of the new

doctor was a derogatory one, and that whenever occasion offered innuendo took the place of ethical reserve. I learned from experience that while the older and more experienced in the profession took much pains to instill into the minds of their students a great admiration of "the code" and the desirability of a strict adherence to its provisions, they themselves seemed to consider that they had in some way earned the right to be independent of such obligations. These observations were a cruel blow to my early impressions of the dignified, scholarly, and ethical nature of the relationship of physicians to each other. I had no idea that it was the duty of one to see that another succeeded, but I thought I had a right to expect a courteous and honest demeanor in the face of an honest and earnest effort to deserve. A rude awakening to the reality of things, and especially to the duplicity of learned avarice, set me to thinking, and I concluded that theory and practice in the avocation of medicine were truly two different things. I was impressed with the truth of the remark of Dr. Charles D. Meigs in his letters to his class, that "dignity is the man, not his profession," and that a supreme contempt for the rights of his fellows was often mistaken by physicians for the more admirable and creditable quality.

I lost no time in asserting my own independence, and proceeded to secure what practice I could upon the basis of an intelligent conception of what the people in my community wanted. I first learned through modest inquiry of the chronic cases of disease which had baffled the energies of my competitors or had been carelessly neglected by them. An equally modest and tentative suggestion of my ability to handle them brought many to my care. I devoted much time and thought to them, and in many instances was thereby enabled to secure satisfactory results. These were the stepping-stones to professional acquaintanceship and reputation. fact, to my mind such cases must ever remain the chief introducer of the beginner's success. They admit of more of the necessary time for thought and study. They are the cases in which laboratory experience and the latest developments in pathology and diagnosis are most applicable, and in these lines the student fresh from the scene of original investigation is likely to be most efficient. Then again, it is the chronic cases which are quickest and most willing to sever relationship with attendants who have failed after patient trial to secure desirable results. "Hope deferred maketh the heart sick" when the body as well as the mind is suffering, and even sympathetic ties are easily severed in the face of continued ill-health.

I found many cases into which later therapeutic suggestions easily fitted. Notes which I had

from time to time taken served me a good purpose, and I learned in a practical way the value of apparently little things.

Another point I made much of was perfect frankness in dealing with my patients. I am confident that no other one thing is more desired and desirable. While it is true, as an old Irish physician once told me, that with a certain element the more one tries to explain the less they understand, the fact remains that all can understand a plain statement of leading facts, and such is the greatest safeguard that a physician can throw about himself. Even the ignorant can be best dealt with frankly, and the intelligent are always better satisfied with an unequivocal statement of the truth. This applies not only to the diagnosis and prognosis of a case when well understood, but as well to the difficulties and uncertainties involved in these and in the therapeutics. Not only that, but one's misgivings and apprehensions may be properly stated, with assurance of a greater respect for one's honesty of purpose and genuine interest. Deception is an indulgence which no physician can afford, even in the light of a fancied temporary benefit. The man who tells the truth, however bluntly, is the man in whom the people place most confidence, and if he is a physician he is the one who always has the greatest reputation in his community. He is always called for the final decision, gets the biggest fee, and is most feared and favored.

#### THE ST. LOUIS SCHOOL.

This successful homeopathic college opened on the 10th of September; the class is larger than the average, of a good quality, and all bright, ambitious, live people. The evening's exercises consisted of an address by Dr. J. 11. McCaughan in behalf of the faculty, also an address in behalf of the City Society by its President, Dr. B. Chamblin, and in conclusion by Dr. Willis Young in the behalf of the State society, of which he is president.

There was appropriate music to enliven the occasion and some mild refreshments for the inner man. The reception for the students was a success, and the evening was thoroughly enjoyed by the large audience in attendance. St. Louis may have seemed a little slow; but her policy has been: the best material for the upbuilding of the homeopathic profession, rather than the large number of graduates. It has never adopted the drum-and-fife policy for filling its benches. The conditions are far more hopeful to-day in every way than in the recent past for a successful year.

# THE MEDICAL CIBRARY.

Syphilis. and Dermatology.

The last volume of Selected Essays and Monographs from Foreign Sources issued by the New Sydenham Society is devoted to syphilis and dermatology. Dr. von Marschalko's statistical study of tertiary syphilis, in which he discusses the influence of mercurial treatment upon the development of tertiary symptoms, leads him to the conclusion that the omission or inadequacy of mercurial treatment in the early stages is the chief determining factor in the development of tertiary symptoms. This view is supported by the results of Dr. Ehler's statistics of some fifteen hundred cases of tertiary syphilis. Dr. Marschalko insists also on the importance of mercury in the treatment of tertiary manifestations. The part played by syphilis in the production of locomotor ataxia is carefully and impartially considered by Professor Erb, his conclusion being that in the majority of cases tabes is undoubtedly a result of syphilis. Erb admits that further research is necessary to clear up the matter completely. In his notes of syphilis and general paralysis in Iceland, Dr. Ehlers disposes of the views which have been held with regard to the disease in that island. On the other hand, general paralysis appears to be extremely rare, and three instances only are referred to. The interesting paper by Professor Alfred Fournier on recurring syphilitic roseolas also touches on a symptom rarely observed. The syphilitic nature of these rashes, which often appear as erythematous rings, sometimes of large diameter, may be readily overlooked. The paper on drug rashes by Professor Jadassohn deals with some interesting points, especially the relative susceptibility of the skin and mucous membranes to iodoform. Much importance is rightly attached to idiosyncrasy, but nothing is said of faulty elimination due to renal or cardiac disease.

There are a few errors, such as Banereau for Bassereau, half-viur for half-vinr (Icelandic for half-friend, Danish ven = friend).

#### A Manual of Surgical Treatment.

To the general surgeon the most important and interesting portions of this volume by Watson Cheyne and F. F. Burghard are those that relate to the surgery of the brain and middle ear, and the surgical treatment of trigeninal neuralgia. In discussing intracranial

suppuration the authors describe it as following compound fractures of the skull, and as taking place "with or without an intervening inflammation of the cerebral membranes or adhesion of those membranes to one another," but they do not mention the influence of suppurative diplöitis, and the part played by septic thrombosis of the longitudinal and lateral sinuses in the production of cerebral abscess. We had under our observation some time back a case in which the inner table of the skull was not fractured, but suppurative diplöitis ensued, and a large abscess formed in the cerebral hemisphere of the same side. In speaking of temporosphenoidal abscess due to middle ear disease, they appear to regard brain infection as most likely to take place by adhesion of the cerebral dura and araclinoid in the region of the teginen tympani; while, possibly, this may sometimes take place, it does not appear to us to be the most common course of infection, which we regard as being by perivascular and other lymphatic channels.

In regard to craniectomy for microcephalus, the authors have no encouraging word to say, but speak more hopefully of the possibility of doing some good by means of operation in hydrocephalus. They have seen somewhat hopeful results in cases which were congenital, and have been less successful where the child was born apparently healthy, and the hydrocephalic condition came on in the early years of life. The mode of treatment consisted in the establishment of a drain between the lateral ventricles and the subdural cavity, by means of strands of catgut or even by india rubber drainage-tube. The early results were excellent, the head rapidly diminishing in size, the bones coming together, and the consolidation of the skull proceeding steadily. In the course of three or four months, however, the children died, with symptoms suggestive of progressive basilar meningitis. The authors hold to the hope that further experiments will have more fortunate results; in any case, there is so little hope without operation that something may be ventured.

We fail to see the force of the author's reasoning when discussing the value of osteoplastic flaps in exploring for tumors of the brain. They say: "Some surgeons have advocated the use of an osteoplastic flap, which has great advantages in cases where the tumor is to be removed; a great objection is, however, the additional length of time which the operation takes, and the difficulty in cutting the flaps. It is obvious that such

a procedure can be employed only comparatively rarely, as it demands, in order to render the prolongation of the operation justifiable, the accurate diagnosis and localization of a small and easily accessible tumor." The two statements that (1) the osteoplastic flap operation is only available when accurate focal diagnosis can be made, and (2) that it is a long and tedious process, both seem to us the exact reverse of the truth. Certainly the great advantages claimed for that method are that a large area of the brain surface can be exposed by a single flap, and can in this way be explored, so that the accurate focal diagnosis called for in trephine operations is not so imperative; and that the operation can be rapidly accomplished. Then, again, whether the bony flap be made by the "parting tool," as in Hartley's method, or by the combined use of trephine, Hoffman's forceps, and Gigli's saw, as described in this work (page 95), it remains capable of reposition with a certainty of its living, a matter of considerable importance for the future comfort and safety of the patient.

#### Aphorisms, Definitions, Reflections, and Paradoxes: Medical, Surgical, and Dietetic.

In the pages of this book by A. Rabagliati, M. A., M. D., will be found philosophizings on health and disease, and the way to obtain the one and avoid the other. The author only quotes the ancient writers on medicine, and considerably simplifies the task he has set himself by his complete indifference to the teachings of up-to-date pathology and medicine. The principal feature of the book is the frequent reiterated statement that the chief predisposing causes of disease are over-feeding and improper feeding, or both combined, termed by the author "poly-siteism, kako-

siteism, and pollaki-siteism."

According to Rabagliati, "disease and health differ from one another in degree rather than in kind. Health is present when shrinking and swelling—izanic and œdanic states—alternate within very narrow limits, and disease sets in when the limits of these alternations are exceeded." The unity of disease is insisted on; "it is one fundamentally with many different phases or manifestations. The essence or property of a disease is that it is present; its accident is the place in the body where it appears. The immediate source of all the materials of the body is the blood, derived from the chyle, which in turn comes from the food; thus out of the same chyle is made blood which may cause corns, or cancer, or diabetes, or pneumonia, or, in fact, every ailment and disease." Hence, it follows that all disease is due to poly-siteism, pollaki-siteism, or both combined. "Local ailments are almost always the local expression of general states of the

body." Specialism in medicine is objected to. Many surgical ailments might be cured without the help of the surgeon, and many more prevented by a restricted diet, "properly quantified and chronized," and by and by the layman might use for his own purposes the principles laid down by scientific medicine and might not therefore require to consult the medical man at all. "'Tis a consummation devoutly to be wished," and while sympathizing with Rabagliati in his attempt to convert the world to "oligo-siteism," we feel that, in making this his Morrison's pill, he has, "like the too eager archer, o'ershot the mark."

The language of this book is terribly involved, and there is an alarming plethora of Greek words and prefixes. A new name, "initis," is suggested for rheumatism, and "paneilemmatitis" for inflammation of fibrous tissue. We must confess that we long for simple Saxon after reading, "when pan-eilemmatitis or even polyeilemmatitis is present, the state of the bodily health is very bad; but if, in addition to this, there is pan-parenchymatitis or even polyparenchymatitis, the case is hopeless indeed; since such conditions mean panhæmatitis, a state that generally requires a long time to induce it, but which, when induced, is mortal." Whatever does it all mean?

The author's idea that "in anamia—a constipation of the circulation—the process is plainly one of starvation due to over-repletion, caused by contraction of hypertrophied or over-fed muscular tissue," is distinctly novel, and, like his explanation of that which does not exist, smacks of an archaic philosophy which we thought we had outgrown: "The process is really a beautifully adapted provision of nature to limit the blood supply to parts which have already been over-nourished, and which would tend to become still further hypertrophied if the nutritive process

were carried still further."

Arguing from the datum that all disease is due to the same cause—poly- and pollaki-siteism—it will be readily understood how the author has built up and coined paradoxes which exist only in his own imagination. It must be admitted, however, that in the author's hands treatment by means of restricted diet has cured many diseases; of those not usually amenable to treatment may be cited cases of diabetes and emphysema, while of those usually regarded as only fit for surgical measures may be mentioned hemorrhoids and urethral caruncle.

"We want a philosophy rather than a science," says Rabagliati, and "we have made so many careful and accurate observations that it is far more incumbent on us to make a good use of the observations we have already made than to add to them." We could not have better evidence

than this work affords of how essential it is to be making careful and accurate observations one's self, instead of merely forming generalizations on the observations of others made centuries ago, and how, without such a corrective, there is no limit to the unlicensed philosophizings of the academic philosopher. It cannot be said that in medicine onlookers see most of the game, and, in our opinion, Rabagliati is attempting to set back the hands of the clock in advocating that the laboratory and the bedside should be supplanted by the study.

## Surgical Diseases of Kidney and Ureter.

Those acquainted with the previous work of Mr. Henry Morris-and who is not?-will hardly need to be told that for accuracy, wide information, lucid exposition, and literary skill the present volumes will take a foremost place in contemporary surgical literature. There has been much confusion of epithets in describing the various types of single kidney. Mr. Morris classifies them thus: (a) Unsymmetrical kidney, that is, entire absence of one kidney; (b) solitary kidney, that is, fusion of the two kidneys into one mass; (c) atrophy, including congenital rudimentary kidney or congenital atrophy. The surgical importance of a single kidney is obvious. It is computed that congenital absence of one kidney is to be looked for once in 2650 cases. Among the methods of examination of the kidney the author gives little space to the X-rays. The statement of C. Lester Leonard that an absolute positive and an absolute negative diagnosis of stone can be made is not accepted. The author says "the results are most unreliable, shadows having been found when no calculus was present, and no shadow obtained when a calculus existed."

In discussing injuries of the kidney, evidence is brought forward to show that healing of even deep ruptures of its surface may be rapid and sound. The importance of conservation is emphasized, and the teaching of Küster as to gauze packing, stitching, and so forth is commended. Doubtless many kidneys have been removed which, with the fuller knowledge gleaned from this book, might now be saved. Urinary fever the febrile disurbance which follows any manipulation which entails a distinct impression being made on the urethra or bladder—is of all kidney troubles that which the surgeon has most reason to fear. It has been attributed to "nervous" causes or to "septic" absorption, and the partisans of each theory have been emphatic in their declarations. Mr. Morris sums up: "It is probable that, on the whole, a large number of these cases do depend upon infection; others,

however, cannot at present be clearly attributed to this cause, and it is most likely that in many of them the nervous element plays the chief part."

The propriety of a partial nephrectomy for localized tuberculosis has been disputed by König, Otto Ramsay, and others. The operation is, however, sanctioned by Mr. Morris, who quotes the case of a female patient, one of whose kidneys was removed in Canada for tuberculous disease. One-third of the remaining kidney was excised for a local tuberculous deposit. Five years afterwards the patient was in good health and earning her living as a working house-keeper. In three of seven cases operated upon complete nephrectomy had to be performed later.

The author holds that "partial nephrectomy is the operation which gives most promise for the future, if only operations are undertaken at an early period when the disease is limited and localized." The account of renal calculus leaves nothing unsaid that is worth the saying. The necessity for exploring the kidney, and by a separate incision in the pelvis sounding the ureter from the kidney to the bladder in all cases is fully emphasized. For the inefficient needle-puncturing is to be substituted in all cases a free incision into the kidney. Wounds so made bleed but little, are easily controlled, and heal rapidly. Rather more than half the second volume is devoted to the surgical diseases of the ureter, an allotment of space which shows the immenselyincreased importance of the subject. Of catheterization of the ureters Mr. Morris says in the great majority of cases "the clinical and physical conditions and the history of the cases give us sufficient information of the fact as to whether or not a second kidney exists and what is its capacity for secreting." That ureteral catheterism has been recklessly advocated there can be little doubt, and that harm has frequently resulted from it is unquestioned. Mr. Morris writes: "I desire to protest in no uncertain manner against the routine employment of these instruments for diagnostic purposes." Transplantation of the ureters into the larger intestine is sanctioned by two facts: first, that in all fowls except the ostrich nature has provided a common cloaca; and, secondly, in cases in which fæces have escaped into the bladder as a result of disease no ascending ureteritis has developed. Of the success of transplantation in the human being Maydl's cases give ample proof.

## Stricture of the Urethra and Enlargement of the Prostate.

Mr. Freyer has republished in a volume a series of post-graduate lectures. As might be expected in a work of this kind the author avoids

any lengthy discussion of disputed questions and aims simply, we think with much success, at "a clear, concise, and practical summary of our present knowledge of the subjects with which he deals." His reply to the question whether stricture be capable of permanent cure is emphatically in the affirmative; the stock phrase of once a stricture always a stricture having, it is reported, ceased to hold good since the adoption of improved methods of internal urethrotomy and a wide recognition of the teaching of Otis with regard to the normal capacity of the urethral canal. In the concluding portion of the book, which deals with hypertrophy of the prostate, there is not much of special interest beyond a brief but instructive estimate of the operative methods devised for the radical cure and for the relief of this affection. The opinions here expressed on the results of castration and vasectomy decidedly tend to confirm the general idea among practical surgeons that these operations will soon be generally discarded.

## The Prevention of Shock During Prolonged Operations.

BY W. H. BROWN, M. D.

Transfusion, either by the direct or indirect methods, has of late years given place, and, I think, rightly so, to the injection of saline fluid into the veins. The value of this method of counteracting the baneful effect of loss of blood and of shock have been proved time after time, and no one who has noticed the wonderful change for the better in a seemingly hopeless case can fail to have been impressed. In machinery smashes, after railway accidents, and the like, I have repeatedly been witness to the marvelously rapid rally which has taken place after the injection of three or four pints of saline solution, often enabling me to effect an operation which but an hour before seemed absolutely hopeless. It is not, however, with cases of sudden hemorrhage or shock I now desire to deal; the condition is obvious, the remedy to be tried universally accepted, but rather to draw attention to a class of cases far removed from the category of accident or emergency, in which the addition of large quantities of saline fluid to the blood in circulation may, I think, be employed with advantage.

The class of cases I have specially in my mind are those where the patient is suffering from the effects of prolonged bleeding, and where, after all palliative measures have failed, it has been decided to attempt to save life by means of some major operation. We are all familiar with the

patients who have "held off" the surgeon until the vital powers have diminished almost to a vanishing point, and as a last resource they want some attempt to be made. Take, as an example, a woman with a bleeding myoma—one who has been waiting vainly for the benign relief of the menopause to put an end to the ceaseless hemor-

rhage.

This one instance will be sufficient to illustrate the point I wish to make. I have on several occasions operated upon such cases, making use of the saline fluid under the following arrangements: So soon as the patient is under ether, a competent surgeon opens a selected vein and begins to transfuse as the major operation proceeds, so pari passu does the intravenous injection, the amount injected being governed by the state of the pulse and the loss of blood consequent upon the removal of the tumor. I have used, as a rule, about five pints of fluid. The advantages I suggest are. first, the patient does not at any time during the operation feel the loss of blood; secondly, nothing is done in panic; the transfusion begins slowly and steadily, and full precautions can be taken as to asepsis and the prevention of the involuntary introduction of air in the vein. When transfusion is suddenly called for, the apparatus, if at hand, is not always above suspicion; but when everything is arranged beforehand, transfusion can be made as perfect in detail as any other planned operation.

My idea, then, is that in dealing with cases worn down by repeated bleeding, when it is decided to attempt to remove the causes, transfusion should be made a part of two attempts, and commenced so soon as the surgeon essays his effort, not hurriedly called for when the failing pulse and the dilated pupil foreshadow catastrophe on the table. It may be asked, Can this be readily done out of hospital? Yes, given a competent assistant other than those engaged in the actual operation, with his own instruments necessary to open the vein, a glass nozzle, and a few feet of sterilized rubber tubing and a glass funnel. Transfusion by gravitation is a simple and safe procedure, but a joint responsibility, a common instrument table; a panic call, and dis-

aster is likely to occur.

From my own experience, both in private and in hospital, I am quite satisfied that hitherto too little use has been made of this means of enabling the exhausted patient to withstand the effects of operations which must otherwise result in death, and looking back I can recall only too many who perished before the value of saline transfusion was recognized. I am not, for one moment, suggesting that transfusion never fails. Such an assertion would be impertinent to your common sense and experience; but I am affirming that, employed in the manner I have de-

scribed, it will many times enable one to bring to a successful issue cases which otherwise would have succumbed to the extra shock of operation.

#### Diet in Pregnancy.\*

The question of diet in prenancy has two aspects—the popular and the scientific. Up to the present time it must be admitted that the former has overshadowed the latter, that it has to a large extent covered it as with a mantle of fog, through which some few scientifically ascertained and confirmed facts loomed forth dimly to be discerned. Of late, however, there have been signs of lifting of the fog curtain, and here and there some things are coming into sight, and others are losing that unnatural magnitude which fog-shrouded objects often show. There is a freshening breeze of scientific investigation, and

the mists are rolling away.

Let us glance for a few moments at the popular aspect of the subject, at what we have called the fog-bank hanging over the subject. It will be profitable to look only at two parts of it. There is, first, the dictum that a pregnant woman must eat enough for two—the popular advice as to quantity; and there is, secondly, the notion that if the pregnant woman does not get whatever article of diet she longs for, the unborn infant will suffer from the maternal non-satisfaction—the popular belief as to quality. With regard to the former a certain faraway physiological truth underlies it, for there can be no doubt that a special strain is put upon the maternal resources in pregnancy; but as generally and confidently interpreted by the public to eat enough for two simply means to eat double the usual amount, and thereby to eat too much. Further, even supposing for a moment that the dietetic difficulties of pregnancy could thus be got over in this arithmetical fashion, to be logical the popular advice ought to be "eat enough for one and a varying fraction of one"; at about the midterm of gestation the woman ought therefore to eat enough for one and 1-112, and at the full term enough for one and 1-16. Since, however, most healthy persons habitually eat more than enough for one, it may reasonably be concluded that the pregnant woman who eats heartily consumes quite sufficient food to supply the wants of herself and her fraction. With regard to the popular belief as to the quality of the food taken in pregnancy, little need be said. Although it may be claimed that clinical observation has shown that underlying the "longings" of pregnant women for certain articles of food (sometimes neither nutritious nor nice) there is

thaumaturgist of this kind.

Let us now turn (and with relief) to the scientific aspects of diet in pregnancy. Let us see if here and there we cannot find a turned-up corner, so to speak, of the fog-mantle which, as we have said, hangs pall-like over the whole subject. In the first place, there is enough scientific evidence to show that in the later months of pregnancy, at any rate, the feto-maternal metabolism is of a most intricate kind and that the placenta is far from being the simple transmitter of particles (nutritious or excrementitious) as has in the past been believed. There is sufficient proof forthcoming of the selective powers of the placental epithelium to enable us to state that the transplacental interchanges are not governed solely by the laws of osmosis as they are understood by the physicist. It is during the later months of pregnancy that iron and potash pass in large quantity from mother to fetus, so that there is produced a state of maternal hyposiderosis and fetal hypersiderosis; this is a phenomena explainable by no simple physical law. Then, again, there is the question of the interchanges by way of the liquor amnii, a subject which has scarcely at all been studied in the light of recently discovered facts regarding osmosis and the ionic action and the testing of body-fluids by kryoscopy; but undoubtedly a matter with a direct bearing upon fetal nutrition.

There is the curious fact, if fact indeed it be, that more white blood corpuscles travel to the fetus from the placenta in the umbilical vein than pass back again in the umbilical arteries; perhaps the matrifugal ones carry foodstuffs to the fetus, while the diminished matripetal stream conveys the effete materials; perhaps—but let us beware of the guesser's darkening of knowledge! Again, there is evidence, not simply guesswork in this instance, that the fetus has a metabolism which is to some extent independent of that of the mother, that its tissues are assimilating and functioning at a different rate, and perhaps even in different ways from the homologous tissues in the mother. To put it in somewhat more popular language, the unborn infant may have a better or a worse digestion than his mother. We know next to nothing about the function of

a true physiological need which thus finds expression (a sort of inarticulate crying out of the tissues for acids or alkalies), vet in the great majority of cases it would be readily admitted that no such dietetic necessity lies patent or latent in the "longings" of gestation. Further, there is no valid scientific evidence that the refusal of "longed-for" snacks consisting of pepper-corns and raw oatmeal or other dietetic eccentricities will result disastrously to the unborn infant. Monstrosities cannot be thus expeditiously made; the pregnant woman is not a teratogenic

<sup>\*</sup> Abstract from Br. Med. Journal.

the fetal thyroid, but it must be admitted that its secretion cannot be quite the same as that in the mother, for in the fetal body no iodine is to be found, and consequently none can be present in

the fetal thyroid.

Taking all these observations together—and their number might be very considerably increased—it is clear that the question of fetal nutrition is very obscure, and that its relation to the diet of the pregnant woman cannot be simple. We cannot by overfeeding a mother make sure that she will give birth to a large, fat child: possibly if we tried we might produce a very different result by upsetting the maternal digestive processes; at the same time every thinking physician must feel that there is a relation between maternal and fetal nutrition, that the state of the maternal health must have an influence, determined by laws, albeit undiscovered laws, upon the size and development of the fetus.

Now, the question arises, if this be the unsatisfactory state of our knowledge of the laws which govern the inter-relation of maternal and fetal nutrition, Must we suspend all attempts to influence the development of the unborn infant by modifying the maternal diet? Assuredly not! This has never been the manner in which medicine has overcome the difficulties she has found in her way. If we had waited for a full explanation of all the modes in which microbes and their toxins and alexins act upon the tissues—a knowledge we do not even now possess-where would the triumphs of antiseptic and aseptic surgery have been? Consequently Prochownick\* of Hamburg is to be commended for the efforts he has been making ever since 1889 to engage the attention of the profession regarding the possibility of influencing the character of the confinement, of the puerperium, and of lactation, as well as the state of development of the fetus, by altering the diet of the pregnant woman. From the cases which have come under his own notice and care he claims to have shown that by putting fat women, who have had difficult and instrumental labors on account of defective action of the abdominal and uterine muscles, upon a special dietary, he has enabled them to have more easy confinements, with normal puerperia, and to nurse their children. Again, with regard to anæmic and chlorotic pregnant women, he believes that a different dietary has been the means of giving more normal obstetric experiences to this class. Finally, in cases of pelvic contraction between 3 1-4 and 4 inches, he maintains that he has proved by means of a series of forty-eight cases, including sixty-two confinements, that maternal diet can so influence the size, weight, and osseous development of the fetus, as to make it

possible for it to be born normally at the full term, whereas in previous pregnancies instrumental means or the induction of premature labor were necessary. The cases include seventeen of Prochownick's own and thirty-one under the care of Haspels, Swiecicki, Reijenga, and others. Obstetricians will do well to look carefully into these diet charts of Prochownick and his followers, for assuredly the results are sufficiently striking to call for consideration and imitation. It ought perhaps to be stated at once that the treatment adopted is quite wrongly called the starvation cure; it is not that.

In the meantime, the clinical work which has been done ought to stimulate the scientist to a more careful investigation of the physiology of antenatal life. It will scarcely be credited, but it is true, that it is only within recent months that chemical analyses of the placenta have begun to be made. Even the composition of the liquor amnii at the various months of gestation can hardly be looked upon as satisfactorily determined. These and many other matters might all be so thoroughly investigated in maternity hospitals; but the truth of Prochownick's statements could only be adequately ascertained in such an institution as the pro-maternity (or more correctly pre-maternity) hospital may yet turn out to be. Meanwhile, however, we may claim that there has been some slight but perfectly perceptible lifting of the fog curtain hanging over the whole matter, for which some small amount of rejoicing in the scientific mind is surely permissible. Nevertheless, the scientific observer will do well to hasten slowly; with such a fog and that continual lee-shore of the unknown physiological reaction of the fetus so close at hand, it will be wise if his theories carry very little sail. A fogbound lee-shore is proverbially and sometimes audibly dangerous.

#### Result of "Absent Treatment."

A young woman, who is a so-called Christian Scientist, had observed with a growing pity a cripple who passed her house daily. His efforts to walk were so evidently painful that she determined to try the "absent treatment" on him. After the first few days of her self-imposed task she thought she noticed signs of improvement, and one day he appeared without his crutch and walked with hardly a limp. She was so overjoyed that she rushed to the street, seized the man's hand, and said: "My dear friend, you must excuse me, but I cannot refrain from rejoicing with you over your cure. I have used faithfully the 'absent treatment' for your infirmity, and I cannot tell you how happy I am to see by your walk that you have recovered." When

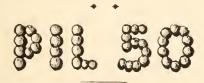
<sup>\*</sup> Prochownick, L., Ueber Ernährungseuren in der Schwangerschaft. Therapeutische Monatshefte.

the man rallied from the bewildering effect of this sudden outburst of "present treatment" he replied: "Thank ye kindly, ma'am, for your interest in me. I don't suppose it has hurt me any. But I may as well say I have just got from Marks a new wooden leg, and it works splendid, ma'am."

#### "AIRE CALIENTE." THE NUDITY CURE.

In a village in Austria, near the Adriatic, the "Nudity Cure" is practiced. The patients remain out of doors, exposed to rain and sun, utterly nude save for a hat and short trunks.—News Item.

The collections are short and the autumnal leaves Give warning that winter is near, And wifey must have all her new winter togs, But just how to get 'em aint clear; And the doctor himself must indulge for a change In a suit and a new winter coat-For his sleeves they are frayed and his back has a shine-What legions are just in this boat. So the doctor has toiled with his books half the night To figure out just who will pay, And he gives up his job with a look of despair And turns to the news of the day. The paper unfolded, his spectacled eye Falls on the lines quoted above, Of a nudity cure that the Austrians have-And he longs for the wings of a dove, That he may fly thither with wifey this fall Where Paradise sure can be found-Where clothes are tabooed and in Eden-like bliss A man can go cantering round,
"No dressmakers' bill, and no tailors to dun," He says, as he thinks of the place-"No shoes to be worn and no laundry to pay," And a smile lights the old doctor's face.
"I shall hie me away to the nudity cure"— Then he pauses and murmurs, "What's that? The patients adorned in no garments, I see, But a pair of short trunks and a hat! Oh, is there no place on this earth I can find-Just one little spot I could fill-Where I'd be exempt from that autumnal curse, The pestering milliner's bill? For if wifey save money from dresses and shoes There's one thing that stands very pat-She's not very strong on the purchase of trunks, But she'd blow the whole wad on the hat.'



# Burns and Wounds in Men and Animals.

G. Archibald Reid, in the British Medical Journal, says that the surface wounds of dogs and other lower animals heal much better than those of man, and this is not due to any difference in recuperative power, but to the mistaken efforts of the surgeon. When a dog re-

ceives a wound he merely licks and keeps it clean; when a surgeon has charge of a man with a similar wound he produces inflammation by placing a variety of surgical dressings on the surface.

The subcuticular tissues exposed by a burn are just as intolerant of a foreign body, therefore they should be dressed by merely protecting the surface from foreign bodies (dressings). Therefore, instead of placing the dressings on the surface of such wounds, the author places them on a light wire cage or support, which is easily manufactured.

If the wound is on a flat surface, a stout wire of suitable length is bent into such shape that when placed over the wound it surrounds it, but rests everywhere on uninjured tissue. On this wire as a basis is woven a wide network of lighter wire. If the injury be on a limb, a cylinder of similar wirework is made in two longitudinal sections hinged together so that it can easily be applied to or removed from the limb. The thick supporting wire is then padded with aseptic material. The surgeon may apply any dressing he chooses outside the support.

One other detail is essential: the surface of the wound must be kept absolutely clean, sponging as many times daily as may be necessary, with some mild antiseptic fluid. Treated thus, all forms of surface wounds, as well as open ulcers, heal with a quickness as delightful to the surgeon as to the patient.—Red Cross Notes.

Since the difference between the same wounds in man and in animals is not one of recuperative power, but because of "the mistaken efforts of the surgeon," it has caused us to wonder why this sage person does not follow out the analogy of the dog—licking and keeping the wound clean—instead of showing how to make bird cages for flat and cylindrical surfaces, and keeping the wounds surgically clean with antiseptic fluid and the like.

Again—if our reading as shown above has misconstrued the surgical wisdom, then we wonder how the dog is going to keep that bottomless antiseptic rattrap on his wounded hind leg, when—but perhaps that is carrying matters too far.

It's a badly mixed-up recommendation. It would have been fairly rational if they had left the dog out. But if a dog, having received a wound, merely licks and keeps it clean, and it therefore heals much better than in man, then, of course, the conclusion must follow that a man should do the same.

Considering the varied uses to which a dog puts his tongue, it would be a bit of brazenfaced hardihood to say that it was aseptic when he licked his wound. Why, then, in all truth and soberness, does his wound heal better and quicker than in man?

#### Elnnouncement.

Cleveland, Ohio, November 1, 1901.

To the Members of the American Institute of Homeopathy:

The American Institute of Homeopathy in session at Richfield Springs, N. Y., empowered the newly elected Executive Committee to select the place for the Institute's fifty-eighth meeting.

The Committee has made choice of the City of Cleveland, Ohio, for the meeting of the Institute in the month of June, 1902. We feel assured that after the meeting has taken place the members will agree that the Committee's decision is the wisest one that could have been made. In 1899 the Institute made Cleveland its first choice for the next succeeding meeting, thus recognizing its eminent fitness. The local profession now desires the meeting. Cleveland has the advantage of being easily accessible by many lines of road from all parts of the United States. This is looked upon as being of the greatest importance in insuring a large attendance. place of meeting must be accessible. The month of June in Cleveland is one of the most delightful of the year, and weather conditions are likely to be of the pleasantest. The Hollenden House —which will be headquarters—is one of the best hotels in any city in the country. It has made many concessions in the interests of its expected guests. The Hollenden has five hundred rooms, and will take splendid care of a large number. There are other first-class hotels near by. All can be suited and all can be accommodated.

There is a very large number of homeopathic physicians in the part of the country tributary to Cleveland, making it a most favorable point for the accession of new members. It is many years since the Institute has met in Ohio, an additional reason in favor of the choice that the Committee

has made.

It is proper to state that the Executive Committee is well aware of the fact that there is a strong and wide-spread sentiment in favor of a quiet "resort" for the Institute meetings. Each member of the Executive Committee shares in this feeling. With this in view an earnest effort was made to find a suitable place of the character. The only one that presented itself was Putin-Bay Island, in Lake Eric. After a thorough myestigation the Committee felt compelled to abandon further thought of this place, for the main reason, among others, that boats do not

always make proper connection with trains, often causing long delay. Should the lake chance to be rough, the trip is very objectionable to many

people.

In making the above announcement of its final choice, the Executive Committee entertains the confident assurance that the meeting of the Institute to be held at Cleveland, June 17 to 21, 1902, will take its place among those which have been the most successful, the most profitable, and the most largely attended.

Jas. C. Wood, M. D., President-Elect. Ch. Gatchell, M. D., Secretary-Elect.

Globules.

—Louis Zangwill gives in the October Lippincott a tale of plain English life called "The Friendship." It is odd and pathetic, and pictures manners and emotions new to us in America.

—A subscriber wants to take charge of a practice, act as assistant, or travel with an invalid during the coming winter. Eleven years' general city practice. Satisfactory reason for temporary absence from present location. Address Physician, 12 E. Franklin Street, Richmond, Va.

—In crushing accidents in which the limbs have been caught in machinery it is very difficult to cleanse the wound properly, owing to the fact that the parts are much covered with grease due to lubricating substances. Ordinary gasoline is an excellent thing wherewith to remove this grease; it causes no pain, dissolves away the grease, and leaves a clean surface upon which watery solutions or antiseptics can exert their full power.—X. Y. Med Times.

[Reminds us to say that washing the hands with hot water and ivory soap, then again with a half teacupful of kerosene oil, renders them clean, warm, and supple for obstetrical work.]

—The Cleveland Homeopathic Reporter publishes a fine portrait of Dr. Gaius J. Jones, Dean of the Homeopathic School at Cleveland. This occurs in connection with a paper by the college historian, Dr. D. H. Beckwith, who has now brought the history up to the time of the "split." when two colleges occupied the homeopathic attention. The editor of the C. H. R. injects a bracketed note at the beginning of the history which will cause the distinguished recipient of the note to suffer with abnormal rubicundity of feature. Dr. Jones, it need scarce be added, would be the last man to suffer another to write an obituary of himself until after his death. We all love Dr. Jones, and love him truly, but there seems to have been no need for this method of telling him so.

- —Mr. Frank A. Ruf, president and treasurer the Antikamnia Chemical Company has been made director in one of the large St. Louis banks. Congratulations to both Ruf and bank.
- —Merck states that ammonia is a reliable antidote for formaldehyde, given in the form of a few drops of the water well diluted, or as the aromatic spirit or solution of ammonium acetate.
- -William T. Miller, M. D., surgeon, 122 Euclid Avenue, Cleveland, O., announces a free clinic at the hospital every Saturday afternoon in surgical diseases of women and general surgery. Care is taken to restrict these clinics to the needy and poor.
- —Dr. Pauline H. Barton of Cleveland announces the opening of her office at No. 720 Rose Building, with hours from 2 to 4 P. M., and residence at "The Northampton." Dr. Barton is an enthusiastic homeopath and, additionally, a good surgeon.
- —A little while since there appeared in some of our exchanges a little funny item to show the extreme illiteracy of writers for articles in the drug line. The other day we received a note from a prominent druggist addressed to "Mr. Dr. Craft "asking for "a copie of a Priscription that you gave . . . to ally irritation & inflimmaton."
- —Dr. Roswell Park, who was one of the physicians in attendance upon President McKinley in his last illness, was a graduate of the class of 1876, at the Chicago Medical College (Medical School of Northwestern University). He was later assistant professor in surgery in that institution, and held a similar position at another time in Rush.
- —The Illinois State Board of Health has announced to its attorney that it is about to take active measures for the suppression of quack doctors, dispensaries, and medical institutes, whose advertisements enrich the daily papers and attract the ignorant masses. Several individuals have been summoned on the charge of practicing without a license, and several cases will soon be
- —In the management of a given case of obstetrics, says Dr. L. M. Allen of the University of Maryland, many things have to be taken into consideration. These, in the order of their relative importance, are: The degree of the contraction of the pelvis; the estimated size of the fetus, especially the head; the mobility or compressibility of the head, estimated by the width of sutures and size of fontanelles; strength and rhythm of uterine contraction and special conditions of presentation; the age of the patient; the size and general appearance of the husband.

especially of his head. An eminent obstetrician says: "Show me the father and I will tell you the size of the child."

- —Considerable amusement has been caused by the discovery by Volcker of Heidelberg that the "cancer parasites" of Schuler are merely droplets of bergamot oil put on the cancerous tissue to "clear it up."
- —When feeling for fluctuation in any part of the body that is covered by heavy muscular structures, place the hands along the long axis of the muscular fibers, and never across them. The latter position would certainly deceive the observer into thinking that fluctuation is present, as may be easily seen in the case of the large anterior muscles of the thigh.
- —American Medicine publishes, with an engraving, a new device for puncturing the "bag of waters" (in obstetrical work). This consists of a small trocar running in a cannula and controlled by a concealed spring. When needed the cannula is placed against the amniotic sac, and pressure on the distal end pushes the trocar into the sac. By reducing the pressure, the trocar flies back into the cannula. But what about keeping this instrument aseptic? How many obstetricians have ever experienced any great trouble in rupturing the membrane with a clean finger nail? Or in extra thick walls would not any pointed instrument, surgically clean suffice?

Reed & Carnrick, manufacturing pharmacists of Jersey City, N. J. (42-46 Germania Avenue), offer to send free samples of their preparations to any physician desiring to test them.

Mention this journal as your authority.

When a firm has so much confidence as this in their preparations, it is well worth anyone's while to investigate them.

Trophonine. A scientific food. Palatable, nutritious; available for immediate absorption,

assimilation, and metabolism.

Protonuclein. Iodophosphorized proteid. An-

titoxin, restorative, prophylactic.

Peptenzyme. Digestive and tonic. Represents the digestive secretions, physiologically, as found in nature.

Carnrick's Lacto-preparata. Infant food. A perfect equivalent for mother's milk.

Carnrick's Soluble Food. Food "par excellence" for infants, invalids, and dyspeptics.

Zymocide. Antiseptic, cleansing, healing. Roboline Cordial. Tonic and nerve-stimulant.

Pancrobilin. Intestinal digestive.

Carnrick's Kumysgen. An ideal food. Easily digested, palatable, and nutritious.

Cordial Analeptine. For rheumatism and

gouty diseases.

- —Nearly twelve hundred physicians of Berlin have applied for permission to take the free post-graduate courses which are now being held in that city.
- —Remember the Atchison, Topeka, & Santa Fé Railway when traveling in the West and Far West. It has a very desirable mid-winter excursion to California, and at a reasonable figure. This railway escapes the snows and colds of the northern routes.
- —A St. Paul (Minn.) physician has recently described sinew threads from the tendon of the reindeer as a strong, easily sterilized, absorbable substance for suturing. After exhausting the supply which he had brought with him from the far North, he had suture material prepared from the fascia of the steer.
- —For Sale.—An electrical automobile, Stanhope carriage. Almost new; finely upholstered in cloth; in first-class condition and ready for use. Listed at \$1800. Will sell for half price. Needs to be seen to be appreciated. A bargain for a physician for city use. Easy terms to responsible party. For particulars address I. X. L, this office.
- —The Board of Health of Syracuse, N. Y., has decided to have a monthly inspection of all children in attendance at the public schools this winter. The eyesight of the children will be tested, and each child will be examined as to its physical condition, and especially as to the presence or absence of contagious diseases of the eyes and skin.
- —The municipality of Berlin has resolved that the new hospital in course of erection in the Seestrasse is to bear the name of Rudolf Virchow, and will be called "Virchow-Krankenhaus." The hospital will be by far the largest, finest, and best arranged of all the municipal hospitals of Berlin. There will be seventeen hundred beds for patients, and the medical staff, nurses, household servants, and the members of the nurse-training institute, will bring the number of inmates up to two thousand.
- —Only 4 1-2 per cent. of the babies born annually live to the end of the allotted three-score years and ten of man's existence. Yet of the other 95 1-2 per cent. nearly 20 per cent. die unnecessarily. The facts came out in a paper on "Unnatural Death," read at the recent meeting of the Sanitary Institute of England. The author told his hearers that about one million babies were born annually in England. Thirty thousand of the million would die violent deaths from accident, 30,000 would die unnecessarily from tuberculosis and 120,000 more from other absolutely preventable causes, such as smallpox, measles, and scarlet fever. Only 45,000 would

- be allowed to live out their natural lives, and nearly one in twenty would die because the machine was worn out. One-fourth of all the diseases which destroy life are absolutely preventable, and fifteen years would at once be added to its average duration if the practice of hygiene were placed on a level with its theory.
- —With regard to the vexed question as to the best plan of suturing the abdominal wound, E. E. Montgomery says the method which he has found most satisfactory is, first to close the peritoneum with a continuous suture of catgut, and then to insert interrupted silkworm-gut sutures through the entire thickness of the abdominal wall above the peritoneum. Before tying these he dries the surface carefully and approximates the aponeurosis by means of a continuous catgut suture.
- —In the November Century Professor W. P. Trent of Columbia University will write "A Retrospect of American Humor," for the illustration of which the Century has procured portraits of nearly two score of the best-known of the older humorists, including "Petroleum V. Nasby," John G. Saxe, "Q. K. Philander Doesticks," "Sam Slick," and "Artemus Ward." There will be during the year a number of contributions from new humorous writers, and articles reminiscent of those of the past.
- —In the October Review of Reviews there appears an unsigned appreciation of President Theodore Roosevelt. The writer regards Mr. Roosevelt, not as a political accident of the Tyler-Fillmore-Johnson-Arthur class, but as a man picked out in advance for the office to which he now succeeds under most painful and undreamed-of conditions. In the writer's view, the spirit of the original constitutional provision regarding the Vice Presidency has been, for the time being, restored, since the second choice of the electors for President was the man whom they named for the Vice Presidency, and who now, as the result of the assassin's act, becomes President. other words, Theodore Roosevelt was in fact his party's second choice for the Presidency in 1900.
- —A gold medal was awarded Armour & Company on Pepsin, Pancreatin, Thyroids, Suprarenal Capsules, and other organo-therapeutic agents by the jury of awards of the Pan-American Exposition at Buffalo. There is no doubt about the quality of the Armour goods; experts invariably pronounce them the best.

#### The American Homeopathist.

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# The American Homeopathist.

DECEMBER 2, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

OUR PORTRAITS.



CHARLES McDowell, M. D., New York.

THE recent fiasco in relation to antitoxin in St. Louis, with its lamentable results in tetanus, as has been so widely circulated in the public press, may tend to decrease the awful veneration with which a goodly number of the profession still view this decadent mess used to poison the unfortunate diphtheritic.

\* \* \*

T is a very easy scapegoat to saddle this contretemps upon the city health office, charging them with an imperfect work in this behalf. It was a similar experience with that had in Cleveland, during the smallpox fright prevalent at one time during the early spring. After the political health officer had been deposed for running up unused livery bills, his successor put the screws on the people in the way of having

everybody vaccinated compulsorily. But presently a number of cases of tetanus developed, and the compulsory end of the mandate was lopped off. In this instance, as in St. Louis, with the antitoxin, the reason for the tetanus was found in the imperfect preparation of the vaccine matter. After this result happens a few times more, perhaps the fashion of charging it to some incompetent official may cease to serve.

W ONDER what the Medical Brief thinks now about this hell-broth.

R. DEWITT G. WILCOX, the efficient Secretary of the Homeopathic Medical Society of New York, writes us that the recently adjourned meeting of that Society at Buffalo was a success from start to finish. But he drives in the gaff by adding that, if the Institute had gone to Niagara Falls, as had been intended, it could have been made just as great a success. Dr. Wilcox fails to connect his points very closely. The Institute at N. F. and the Homeopathic Society at Buffalo are in nowise related. Our contention from the first was to bring the Institute to Buffalo and not leave it at the mercy of a hotel or two in a crowded time, in a crowded town thirty miles up the pike. Buffalo would have suited us first-class, but not Niagara Falls. The daily press says that the Fair people are in the hole to the tune of three million dollars. So it must have been a success! Sir? It may be well to remember that the New York Homeopathic Medical Society is of that order of society which gathers its members together twice a year, rain or shine. It is always wide awake and its programme filled with the very best. We have always had a good word for the "Down in York" State society.

I T was our unhappy duty to send a patient to the hospital for an operation. Dr. Crile of our city had been selected by the family for the surgical work, and he chose the Lutheran Hospital. To us, who have witnessed a number of operations, the technique of this gentleman was most exceedingly fine, and his deftness remarkable. In eight minutes from the first touch of the scapel the womb and both ovaries lay upon the table and the closing of the wound was begun. No pedicle was made. No cautery used. Not a tablespoonful of blood was lost. Patient is doing well.

THE title page of the Medical Mirror always contains a poem, or an aphorism, or a little essay worth reading a second time. The last issue contained this prayer by Robert Louis Stevenson:

"The day returns and brings us the petty round of irritating concerns and duties.

"Help us to play the man, help us to perform these duties with laughter and kind faces, let cheerfulness abound with industry.

"Give us to go blithely on our business all this day, bring us to our resting beds weary and content, and undishonored, and grant us in the end the gift of sleep. Amen."

\* \* \*

N the last issue of that ever popular journal, I the American Monthly Review of Reviews, there appears a well-written article on President Roosevelt's principles of appointment, as related to his Southern policy, which takes matters in hand in an original fashion and much, doubtlessly, to the satisfaction of its many readers. Is it not about time for the various publications to put an end to their mournful deprecation for the President's former impulsiveness, and to stop shedding any farther crocodile tears lest he do something still that may not square with the ethics of certain governmental and senatorial cliques? The American people at large are satisfied with the President, and have every reason to believe that he is the man for the place. He is essentially an American, and his ways are always American ways. The municipal election in New York, which has interested every other municipality in the United States as well, has been most excellently prepared and presented in this issue. Other matters are in the usual vein of this always creditable journal.

THE Medical Gleaner for current issue contains a beautiful memento mori of the Editor's daughter, who seems to have recently passed over the Great Divide. Dr. Cleves has our profoundest sympathies in his affliction. There is something about this little journal as a general rule which is very attractive to a blasé medical editor who must needs "wade through" so much of the routine talk and tattle which goes to make up about two-thirds of the medical journalism which reaches his table. The Gleaner, with Bloyer and the other editor,—and his new-word-font always on tap,—is sure to be "breezy" and excellent. We admire the consistent manner in which they parade and hold up to constant view their specific remedies. And were we not a homeopath, we should feel tempted to try on a run of Eclecticism. The manner in which these two and others in that faith expound the specific remedies, and the diseases for which they are valuable, takes deep hold on those of us in our own school who learn so little of homeopathy in the schools and less still in the daily life. There is a singleness and cleanness about the recommendations of these master eclectics which carries conviction. It is small wonder, therefore, that so many of the modern-day homeopaths are in reality eclectics —though they swear allegiance to similia and spell it with the "e" instead of the "a"curentur instead of curantur.

A MERICAN MEDICINE calls attention to the greater prevalence of venereal diseases in the Philippines among our soldier boys and suggests making it a crime to contract these diseases. Why, not, indeed, institute a new sort of canteen?

In Liverpool, at the dinner following the labors of this august body, the excellent Vice President, Dr. J. D. Hayward of Liverpool (the President being absent through illness), when introducing the speakers and the toasts, took occasion to say (London Homeopathic Review):

"Ladies and gentlemen: I rise to propose the

toast of the health of our King and Queen and the members of the Royal Family. This is the first British Homeopathic Congress at which the loyal toast has taken the form in which I now offer it to you. For fifty years we met under the beneficent rule of our late lamented Queen Victoria; in her reign we had our early struggles, during her reign we won the right to practice medicine in accordance with our conscience, and under her government we, in common with the rest of her subjects, enjoyed full freedom and security. During our long experience of King Edward VII. as Prince of Wales he obtained, and rightly obtained, our esteem and affection, and as King we feel sure that he will equally well deserve it. We wish to him and to his gracious Consort long life, to rule over an affectionate people, and may they and the other members of the Royal Family long live amongst us in health and happiness. I feel it would be in accord with the feelings of His Majesty, and not utterly inappropriate—certainly I know of no better opportunity to taketo refer to the terrible loss which our American cousins have endured in the horrible murder of their elected head. President McKinley had won the respect not only of the people who chose him as their ruler, but of the sister nation of which we are a part. The members of the medical profession in the United States who are in sympathy with us form, as most of you know, no inconsiderable portion of the American population, so I feel it is not presumptuous on our part to offer our sympathy with them in the loss they have sustained and our horror and shrinking from the dastardly crime by which it has been brought about. The death of this man, in an eminent position, borne to his grave to-day, as no doubt you know, brings us-as did the recent sympathy shown by America with us in our loss-closer together with our sister nation. Ladies and gentlemen,-I offer you the toast of the King, the Queen, and the members of the Royal Family.'

All of which was most kind from our distinguished brethren in England, and is deeply appreciated by the homeopathic craft on this side of the water.

—An attack of hysteria simulating unconsciousness may be aborted by taking up a pair of scissors and regretfully announcing that he will have to cut all the patient's hair off in order to make applications to her head. It is doubtful whether this bluff has ever been known to fail.

Or try Pratt's rectal dilatation.

Or give a pinch of snuff.

#### Or use the bastinado.

## Materia Adedica Adiscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number. (See issues of January 1st or December 15th each year.)

#### Aurum.

Dr. Younan (Calcutta Journ. of Med.) contributes an illustration of the influence of gold on the testicles in boys confirmatory of Dr. Burnett's recommendation. The organs were still undescended at twelve, and their owner was more girlish than he should be. The cure, which was decided, was effected with drop doses of a first centesimal solution of the chloride of gold and sodium.

#### Berberis Aquifolium.

The Chicago Med. Journal gives this agent as one of our most efficient and direct alteratives. In blood disorders, which exhibit a disturbance of glandular function of any character, its influence is direct. In scrofula, syphilis, and eczema it is particularly advantageous. In these cases the glandular disorder is accompanied with an eruption on the skin. This peculiarity indicates the necessity for this agent. It may also be used in any skin disorder where there is blood dyscrasia. It is not of any advantage in skin diseases from local and reflex causes, but its effects upon the blood are of great benefit. Ten drops of a strong tineture four times a day is the dose. For ladies with a bad complexion and rough and unsightly skin it is the remedy par excellence.

#### Pulsatilla.

Dr. Claude (Revue hom. Française) finds this remedy preferable to any other in headaches from overwork; and Dr. Parenteau has ascertained that in such cases the veins of the fundus oculi are greatly enlarged in caliber. Dr. Claude finds the mother-tincture aggravate, and the attenuations best made to mount gradually higher.

#### Gelsemium.

The article from which the following extracts have been taken appeared as an editorial in the December issue of the Medical Summary. It contains some indications that we have known to be facts for years, but there are other indications that from the pathogenesy of the drug are clearly proven to be palliative in character. Neither irritation nor inflammation can be permanently benefited by the selection of this rem-

edy, hence the poor foundation for assuming to

give his readers the "true position."

"The true position of gelsemium is probably not as well understood as it should be, as until only a few years ago this drug was principally employed by the homeopathic and eclectic branches of the profession. Now, however, it is more generally used and growing in favor, and is being used in a wider range of pathological conditions with apparently good results, not to mention its well-established value in neuralgia of the first and second branches of the fifth nerve, and its kindly action in acute inflammation of the air passages. Gelsemium is a cerebro-spinal sedative: it lowers the blood pressure, decreases the frequency, and modifies favorably the character of the pulse in fevers, and thus favors the re-establishment of normal secretions. It causes relaxation of the system; the pulse is less frequent and softer, the respirations are slower, the skin becomes cooler, soft and moist, there is less determination to the head, and if there is pain it will be reduced or entirely eased, while at the same time we notice an increased secretion of the urine.

Whenever administered for any pain, care must be taken to determine the cause, and to bear in mind that the relief of that pain will be followed by evidence of prostration, weakness, or paralysis, if there was any inflammatory cause back of the trouble.

"It has been found that rebellious cases of irritable bladder and of ovarian and uterine neuralgia yield to full doses of gelsemium. It is also valuable in the coma vigil of typhoid fever. The drug seems to allay the restlessness and relax the nervous tension, and permits a natural sleep. Where heart action is feeble, however, and the capillary circulation languid, tincture strophanthus should be combined with it."

Naturally large doses of gelsemium would prove an aggravating remedy "where heart action is feeble," but small doses, other things being equal, would surprise the worthy editor and show the value of the remedy without the aid of strophanthus, which by the way seems to have a peculiar indication for "weak" heart.

"One fact to be borne in mind, however, in the administration of gelsemium, is that individual tolerance of the drug varies greatly, so that it is better to begin with moderate doses and increase till the desired effect is attained."

There are none so blind as those who will not see. Some people are susceptible to the action of a drug, and it is from them that we get the true picture of its finer differentiation. The intolerance will be found in this class, and among susceptible patients it is important that no remedy be given but the right one, because of the danger from drug aggravation.

#### STARVATION IN MORNING SICKNESS.\*

BY J. A. WHITMAN, M. D., BEAUFORT, S. C.

Morning sickness is a disease of reflex nature, in which the organ suffering is not the one that is making the "fuss," but is asking his neighbor to do his crying; in short, in many cases the fire is not where you see the smoke. These diseases (snake-in-the-grass kind) are the greatest tax to our medical skill.

The case I am about to report is a good illustration, and I do not report it for the success

I had, but for its peculiarities.

A mulatto woman, about 28; when a child was severely burned about the lower limbs, causing crooked and stiff knee, which after marriage was taken off; had one child who died at about two years of tuberculosis, and the mother has suffered more or less from uterine troubles.

I was called to relieve her of a severe pain in the left abdominal region. On examination, I found a pulsating tumor extending some three inches opposite to, and about two inches from, the navel on the left side; it seemed to lie in close proximity to the abdominal wall. I judged it to be about one and a half inches in diameter; it lost itself in the deep tissues and was very sensitive.

My first thought was, an aneurism of the aorta; but, it being so near the surface, I did not think it could be. With this pain was a certain amount of nausca and vomiting. I found a large amount of fetid discharge from the vagina. I commenced treatment for the pain and vomiting, but not very successfully. I also treated the vaginal trouble with a certain amount of success.

Everything in the nature of food aggravated the nausea and vomiting, so I stopped the food and gave nothing but liquids, upon which she would be easier. A hot, wet compress would relieve the pain, but the nausea and vomiting was not much benefited by anything I did. I gave the pumpkin vine remedy, which usually proves beneficial in such cases; in this case, however, it did but little good. It gave some relief, but nothing permanent.

I found considerable benefit from wet tobacco leaves placed on the pit of the stomach. I used irritants on the uterus to no effect.

For more than a week she lay and "retched" to vomit almost constantly. After about three weeks I tried to have them employ someone else, to see if there was not someone smarter than I was; but they said, if I could do no good, there was no one in Beaufort that could. So I had to play my hand and a poor one it was, too; not a trimp in it that I could see.

\*Southern Hom. Med. Ass'n., 1901.

About this time the vaginal region had taken on a healthy state, but the tumor was still painful and sensitive; she was taking no food whatever, mostly flaxseed tea, changed occasionally to some of the other bland drinks. After four or five weeks the vomiting was less and the nurse would try some light food, which would bring on the trouble as bad as ever.

After a while I concluded to starve it out, and as long as she kept her strength she would not die from the want of food.

Finding no remedy would accomplish anything, I stopped them all; only using such as might palliate symptoms as they came along. After about two months she seemed quite comfortable, rested well, suffered but little from nausea, only when food was given, which would aggravate for a day or more. About this time the tumor began to diminish in size and was less tender. At the end of three months she began to take light food in small quantities and her troubles were over, starved out.

She lost but little flesh, and no strength; was capable of moving about in the bed as well as when she was first taken sick. At the proper time she gave birth to a good-sized, healthy babe, and she got up in the usual time.

Some may ask why I did not relieve her of the fetus. Because, as long as she was holding her own, I concluded I would take no chances.

This fasting plan has taught me a great deal

in regard to treatment of disease.

You may ask what remedies I used. I cannot tell you. I used everything that half a dozen repertories and four mat. meds, would seem to indicate. My first diagnosis was an aneurism of the abdominal aorta, as the books give it, and the symptoms were quite clear-cut; but after a while, having compared it with her first childbirth, I decided that it was the vomiting of pregnancy. By the time she got about the tumor had entirely disappeared, and it could not be found, and it was with difficulty I could find the artery. It would seem, therefore, that this tumor was the artery, enlarged and out of place.

Soon after this I learned of a case quite similar where they tried all means, but kept up the feeding, which brought the patient very low. They then produced an abortion, with the result that in less than two hours the woman was

a corpse.

Those who have never tried fasting in disease

know but little of its value.

As I stated at first I have not given this case to show up homeopathy or it's failure, but rather my inability to find the indicated remedy; and this is true of all of us where we fail of success in our cases; it is from the lack of our ability to find the similia.

Some years ago, at a meeting of the society at Chicago, the subject of the failure of the indicated remedy was being discussed. Dr. C. E. Fisher told them that when the "indicated remedy failed it wasn't indicated," and that is about the whole of it in a nutshell.

### THE MEDICAL ADVANCE APOLOGY.

Dr. H. C. Allen, Editor of the Medical Advance, in his last issue makes apology for having done President-elect Dr. J. C. Wood an injustice in referring, as he did formerly, to his election to the British Gynecological Society as evidence that he, the said Dr. Wood, had abjured his homeopathy, or had hidden it, in order to become a member of the foreign allopathic society. Dr. Allen has now discovered that he was in error, and that Dr. Wood did not, in fact, do any of the things charged, and hence the apology. Dr. Allen, in extenuation of his error, quotes a few words of the form of application necessary to be filled out by applicants, and which requires a statement touching the form of practice followed. This, Dr. Allen supposed, had reference to his therapeutics, but finds, upon investigation, that it referred only to the special department of gynecology—which in England still includes everything that belongs to woman's diseases—that is, whether the applicant practiced obstetrics solely, or that which we call

gynecology proper.

As we have several times said in these pages this was a matter which should never have been intruded into the election at Richfield Springs; and that, having been so introduced, should have been let fall to the ground as were all the other vicious lies of that superheated campaign when the election was done. The telegraphing of this needless scandal to Cleveland, and its further exploitation in the Medical Advance, was the work of injudicious members,-to call them nothing worse,—and is a form of enterprise which we trust may not again appear in the horizon of the Institute. For it must be apparent to every honest-minded, unpolitical member of the Institute, and to every other of the remaining profession who are proof against membership, that the introduction of villainous lies in an Institute campaign for its chief office of President, must carry with it all the smudge and dirt and foulness to be found ordinarily in that polluting, everyday form of politics which hedges the citizen on all hands. We are not of that holy number who decry politics simply because they are politics, for we well know that politics are necessary in every institution, even of the most simple in its component parts. But

we have said, and would repeat it in trumpet tones, that that form of politics which enters into a man's private life; which impugns his character; which drags matters into publicity which might in all reasonable decency be kept in the background; that that form of politics is contemptible, is shameful, nay, is damnable—and ought not to be tolerated for one minute in a professional society.

This lie about his membership in the British Gynecological Society will follow our President-elect to the end of his days. There will always be those to remember the initial lie and ready to make leering remarks concerning the genuineness of his foreign membership, and its later explanation. We may expect to find this choice emanation of Ananias translated and copied into the Belgian Homeopathic Journal, and others perhaps, as we found that million-dollar lie safely and congratulatorily embalmed there.

Other lies equally despicable, because injected into the campaign with no purpose other than to blacken the name and fame of incumbent officials, will continue to live on and on, though having served their most villainous purpose and upturned and downthrown the reputation of

former worthy men and practitioners.

The lesson to be drawn from all this is that, unless a different state of affairs is soon caused to prevail in the American Institute in its elections and selections of places of meetings, the day is not over-distant when that Institute will disintegrate because of the shamelessness on the part of a few in dealing with men who chance to be candidates for its offices. No respectable man will long consent to remain in membership with an avowed professional organization; to pay a drug-store price for membership; travel several hundred miles in non-vacation time; and spend upwards of a hundred dollars to fall foul of a shoal of wrangling politicians, who care for naught but their candidate, and stop at naught to carry the day for him. Medical men, as a rule, are not politicians—at home; they are most likely to neglect the plainer duties of the citizen in the way of registering and voting if the day be a bit cloudy, or a case, which might be postponed, but is not, presents. Think, then, of that calm and even-paced man traveling to a distant point, to participate in professional studies and experiences which his immediate environments cannot well provide him with, and then and there witnessing a condition of things, politically, which destroys in him every particle of respect for an organization harboring such elements.

The Institute must purge itself of this leprous condition. Richfield Springs was not the beginning of these tactics. It merely brought matters to a visible head. The trouble began several years back. It was not an ephemeral growth at Richfield Springs. It has grown constantly in strength and offensiveness until it has assumed proportions no longer to be ignored. How may it be corrected?

What are our contemporary medical journals for? Merely to present letter-perfect professional papers which but a few interested ones read in extenso, and the honey-worded presentation of the doings of the particular college or hospital or dispensary or pharmacy defraying the printers bills? Why don't these assumed leaders of public opinion wake up and say and do something? It rests with them to assist in the purgation of this evil! Why do they sit in silence and deprecate (in private) the decadence of the Institute's prestige as a medical body?

Take, for instance, the conduct of the medical press in the now closed incident of the placing of the next annual meeting of the Institute. were not alone in that body of men and women at Richfield Springs who met on that morning on the evening of which the other vaudeville entertainment was to be observed; there were other representatives of the journals present who listened, as we did, to every word of the discussion which took place, and they heard, as we did, the putting of the motion, and its carrying; and yet not a SINGLE one of all that influential body of homeopathic writers has written a line for his readers upon this topic of the possible subversion of the Institute's will in the placing of the next Institute where the Institute had clearly said it should not be placed. What are all these eloquent and enthusiastic journalists doing these days? Why haven't they taken part in the burning question? Don't they care?

The question of the next meeting place being now settled and there being in reality nothing further to say about it, perhaps now some few of these smell-feast friends will dare to say something real shocking about the Incoming Executive Committee. It is the medical press which can correct the abuse of politics in the Institute. If they will unite in showing up the perniciousness of the prevalent habit of election and selection, there is hope that some good may

vet come out of Nazareth.

Dr. Wood was entitled to the doubt in his case. He was not given a proper opportunity for explanation until his accusation had been telegraphed to Cleveland and made matter for newspaper comment. Is the office of President of the American Institute of Homeopathy worth so great a price as this—the deriding and belittling of one's personality in his home bailiwick among the former patients, who having seen any form of accusation in a public print believe that something must be wrong when a man's own immediate brethren print impleasant facts touching his personality, integrity, and morality?

# THE MEDICAL CIBRARY.

L'Hypertrophie Senile de la Prostate.

This is a summary of much work done by the author, Dr. A. Guépin, and the late Professor E. Reliquet on the subject of prostatic enlargement. Morphologically, the glands of the prostate and the vesiculæ seminales are said to be "wholly analogous." The development of senile hypertrophy is described in three stages. In the first, the acini of the glands are filled with stagnant secretion; a mild degree of irritation is thereby produced, leading to hypersecretion, stagnation, and simple dilatation of gland acini. In the second stage, as the result of chronic persisting irritation, there is a consecutive, quiet epithelial alteration, accompanied by periglandular sclerosis and permanent dilatation of the gland acini. In the third stage there occurs a progressive periglandular sclerosis. The treatment advised is "prostatic massage," by means of the finger in the rectum, a prostatic catheter, or when the prostatic enlargement towards the rectum is considerable, by means of a rectal bougie. Castration and vasectomy are considered to be "always useless, sometimes dangerous," and they will soon "obtain the oblivion they merit." Prostatotomy and prostatectomy, it is said, have fallen into disuse.

Appendicitis, its Pathology and Surgery.

Mr. Lockwood has based his work upon the examination of eighty-three specimens of diseased appendices. In relating the cases the clinical history and the morbid anatomy and histology are given, and comments are made upon the distinguishing or noteworthy features of each. This method, as the author acknowledges, is tedious, involves frequent repetition, and makes continuous reading wearisome. The method. however, is a necessary one, and a sound one, if our clinical knowledge is to tally with the pathological showing, and if appropriate therapeutic measures are to result from that knowledge. The anatomy of the appendix and its surroundings is described in a manner not wholly satisfactory. The teachings of anatomy and surgery are confused, rather than correlated. The terms "sub-cæcal" and "post-cæcal" as applied to a certain fossa are incorrect, and in recent anatomical writings are replaced by "retro-colic." Mr. Mansell Moullin's case of retro-peritoneal hernia is incorrectly labeled.

The origin of the meso-appendix is described as "from the cæcum, the cæcum and colon, the ileum, the mesentery, or the iliac fossa"-a statement requiring elucidation. The varying degrees of pathological processes are described as "appendicitis with ulceration of the mucosa," "appendicitis with ulceration of the mucosa and bacterial invasion," "appendicitis with ulceration of the mucosa, and with fæcal concretions foreign bodies and their complications"; "appendicitis with stenosis and its complications cysts, mucocele, empyema, ulceration, and bacterial invasion"; "appendicitis with sclerosis and obliteration of the lumen"; "appendicitis with lymphangitis and lymphadenitis"; "tuberculous appendicitis and actinomycotic appendicitis"; "appendicitis complicating malignant and other diseases." The "fecal concretion" is shown to be the result of the inspissation of bacterial masses.

In discussing the clinical symptoms of appendicitis Mr. Lockwood makes what we take to be his most important point. The symptoms usually described—pain in the iliac fossa, constipation, vomiting, etc.—are said to belong to the "second phase," the "first phase" being characterized by obscure abdominal pains, settling at last in the iliac fossa, indigestion, flatulence, disorder of the bowels, constipation or diarrhea, capricious appetite, inability to eat fruit or vegetables, unpleasant tastes in the mouth, odors in the nostrils, slight variations in the temperature, tenderness on pressure in the iliac fossa, slight muscular rigidity, and tenderness in Douglas' pouch. Peri-typhlitis is not an essential feature of the disease but a preventable complication, in fact, a complication that ought never to be allowed to supervene. In studying the details of not a few of the cases the reader will be struck by the fact that though the clinical history was indefinite and the symptoms so little aggressive and so obscure that many surgeons might have hesitated to operate, yet the pathological findings were always pronounced, and of a severity justifying the removal of the appendix.

Fifty Years of Medical Life.

Mr. Christopher Heath, in delivering an address to the University College Medical Society on October 16, said that it was exactly fifty years since he became a medical student. In those days there was no preliminary entrance examina-

tion, and the medical curriculum extended over three winters and two summers. If a student passed his examinations promptly the amount of instruction he received lasted considerably under three years. Mr. Heath gave a description of "the schedule." This apparently was a card giving the number of lectures students had to attend. There were many men in those days whose souls never soared above the schedule. As to the way in which be tany was taught he said that it was the custom then to go out on botanical excursions, which resolved themselves usually into luncheon parties with a good deal of beer thrown in. The then Professor of Botany at King's College, Professor Lindley, used to give lectures at the Physic Garden at seven in the morning.

At the final examination at the College of Surgeons the questions asked were of the nature of conundrums, being catch questions to which the candidate did or did not know the exact answer, and he was passed or not accordingly. After giving the details of the introduction of the ophthalmoscope, the laryngoscope, and the endoscope into medical practice, Mr. Heath narrated how a certain physician of the old school always had a stethoscope with him, but used it to carry a flower in. After all, in those days students did manage to learn something, and acquired the art of diagnosis up to a certain point, and a certain amount of experience. Medical men were in a great hurry nowadays to get rich, and there were several nasty short cuts towards wealth which he was sorry to say that men were apt to take from time to time. If, however, a man was going to do good work and be respected and honored in his later years he must not follow any of these by-ways, for success was not obtainable unless a man was known to be not only learned but respectable.

Mr. Heath took most credit to himself for what he had done during his fifty years of medical life in three matters: first, he had brought in an improved method of tying ligatures; secondly, he had changed the description of the fibula from a three-sided into a four-sided bone; and, thirdly, he had shown how to stop hemorrhage in operations on the tongue. In discussing the question of success Mr. Heath said, in respect to the leading physicians and surgeons, that it was not known how many years these men had sat behind a brass plate without a patient coming near them; but, if a man was honest and hard working, and had good health, it must be very seldom that he did not succeed to a certain extent. He might not be one of the leaders, like Paget or Jenner, but he would undoubtedly live a happy life, bring up his family in comfort, and leave some money behind him. Mr. Heath concluded by saying that he was sorry

Lord Rosebery in his speech had depreciated the reading of books; medical students were not given to reading books, and he thought their reading had gone down to the minimum, but no man could ever be up in his work without steady reading.

#### SOUTHERN HOMEOPATHIC MEDICAL ASSO-CIATION, PRESIDENT'S ADDRESS, 1901.

V. H. HALLMAN, M. D., HOT SPRINGS, ARK.

While the whole medical world is constantly on the alert, peering into every crevice, grasping at every strange particle, and endeavoring to solve unknown phenomena that might possibly figure as a causative factor in disease, nevertheless, not anything in the way of successful treatment and cure of disease has been discovered since our last convention.

Newspapers, monthly magazines, and medical journals have announced in bold type and attractive headlines, the advancement in bacteriology and progress in the study of disease—notably, tuberculosis. Nothing, however, has been suggested that is of advantage to a homeopath in the way of treatment and cure. Perhaps, when the medical profession at large come to recognize the pernicious and persistent, baneful constitutional effect of gonorrhea, vaccination, and drug contamination, instead of regarding it in a trifling way, they will be able to account for the cause of more of their consumptive cases, immediate and remote.

In glancing over the field of medical science we find homeopathy well in the front ranks of investigation and production of results in the various correlative branches, and it is indeed refreshing and encouraging to read the statistical reports of our general progress. We can now boast of some of the best equipped colleges in the country, unsurpassed sanitarium facilities and dispensary privileges, and hospitals second to none; national, sectional, State, county, and local societies, and medical clubs quite numerous.

This is true of homeopathy as a whole, but, upon examination of the map, we find that all this delightful progress is going on in an advantageous section. In the territory south of latitude 37 1-2, representing more than one-third of this great country, with a white population of about twelve million, excellent agricultural conditions; modern, well-regulated, and progressive cities and towns; carrying on an enormous volume of constantly growing commercial interests by a hospitable and intelligent people, who are susceptible to homeopathic principle and absolutely loyal in their friendship and support, when

intelligently convinced, there is no college, very few if any dispensaries; to my knowledge no literature printed; comparatively few practitioners, and for this reason—the lack of State or local

The necessity for organization and of association, in order to maintain and promote a cause, is conceded by all wide-awake, progressive, and successful men in professional and commercial pursuits. But a very small per cent. of the Southern practitioners are active members of the American Institute of Homeopathy or of any society, because of unfavorable conditions. If numerically too weak and scattered to successfully support local or State societies, then we must maintain a sectional association, and by this, I mean the Southern.

The need and usefulness of this association have been questioned, and it has even been hinted that it should be abandoned. Why should societies be encouraged and exist galore, north of latitude 38, or rather, north of Mason and Dixon's line and east of the Missouri River, a section where four-fifths of the American Institute members are located and where the Institute invariably meets, where homeopathy is well established and defended by numbers and capital, and, on the other hand, discouraged in a great territory where the scattered practitioners sorely need the prestige and protecting influence and inspiration of a good association, and where homeopathy is needed for humanity's sake?

There are but very few States and cities where the numbers are sufficient to organize societies that could prove successful in the way of continued interest and influence. I believe, therefore, we are in duty bound to give this association support as never before, in order to conserve the interests and position we have attained, and pave the way for rapid homeopathic progress.

We cannot expect to be relieved of discriminative medical legislation, nor readily get Federal recognition or the legitimate per cent. of patronage in public institutions, until our forces and influence are more generally and uniformly distributed throughout this great country; and I trust the influential physicians of the North will cheerfully aid in increasing homeopathic representation in this section. Young men of good metal and splendid abilities are many times obscured in the well-represented portion of the North, but here there is room to rapidly forge to the front, exploit their abilities, and gain com-

Now, while it is true that homeopathy has been making some rapid strides, it is nevertheless a fact that the progress is not at all in keeping with and in proportion to its merit,—not even in the well-represented portion,—and there must be some good and sufficient reason for such existing belief. There is barely an individual in our ranks but that consents to the proposition that homeopathy is superior to any system of medicine for curative results and safety.

If our colleges were strict and unvarying in teaching, and our practitioners uniformly loyal in practically demonstrating homeopathic principle, incontrovertible facts would become apparent, and thus rapidly dissipate ignorance and prejudice, by an irresistible force of public opinion. It is quite true that, as a rule, people are easily duped, because of the prevailing inclination to speculation and novelty; nevertheless, they admire consistency, and an inflexible course, if meritorious, will captivate, educate, and permanently hold them.

It is a fact that the great majority are not so obstinately wedded to the aged and dominant school of medicine as we are inclined to believe. When we note the avidity to fly to and adopt, or try, the numerous healing systems now in vogue, and particularly to those purporting to use no drugs, the evidence is convincing, and the prevailing sentiment, tacit and expressed, is

additional proof.

. . . Homeopathy won its greatest laurels, and made the most startling comparative statistics, during the early days when the lines were closely drawn and the battle waged most fiercely. Conscientious exemplification of pure homeopathy then is what laid the foundation upon which we stand to-day, and I ask, in all candor and frankness, do the average results of our work now compare sufficiently close to that of the early warfare, to honestly and justly entitle us to the enjoyment of so great a heritage?

The criticism is frequently made that our materia medica is too voluminous, that it is burdened with unreliable symptoms, chaffy, and the symptom variety so great as to put it quite bevond human comprehension in a lifetime. But we can offer in defense that the variety is not even near so great as that of human peculiarities, and that all of God's subtle forces are beyond our mental scope. In the course of accumulated experience, I am constantly meeting with novel symptoms, such as seemed to me grotesque and nonsensical while a student, and during the days of early experience.

However, the only way to become familiar with our accumulated material, and capable of honestly judging and differentiating between value and superfluity, is to persistently study, teach, and practice Hahnemannian homeopathy. There can be no advantage or good reason for resorting to the uncertainties of any system of medicine that, in the test of thousands of years' experience, has given no evidence of advancement in curing disease.

difficulty to comprehend and apply it, necessarily precludes reference to any other system or method in teaching students, but demands the strictest adherence to its cardinal principle, in order to properly discipline the mind. I believe it would be eminently proper for this association to pass resolutions suggesting that all college professors be requested to subscribe to a pledge providing for strict and unvarying observance of the laws of similia in the capacity of teacher; and that students be required to pass a reasonable examination in elementary homeopathic philosophy when entering college.

I am inclined to believe that a well-equipped college, located in New Orleans, would add greatly to the spread and progress of homeopathy in the South, and prove beneficial in gen-

eral. . .

#### MIAMI VALLEY MEDICAL SOCIETY.

This society met at Dayton, O., Thursday, October 31, in eighty-second semiannual session.

The meeting was called to order by the president, C. E. Walton, and a large number of the members answered to roll call. The following

papers were read and discussed:

J. M. Bulla, Richmond, Ind., "Some Clinical Cases, Surgical"; W. N. Boyer, Lima, "Urethral Coarctation"; H. E. Beebe, Sidney, "Fees in Pauper Practice"; J. D. Buck, Cincinnati, "Hahnemann's Vital Dynamic Spiritual Principle, and Its Law of Action"; W. L. Brown, Lebanon, "Baptisia in Typhoid Fever"; J. I. Peshore, Tippecanoe, "A Case"; W. J. Blackburn, Dayton, "The Present Status and Needs of Homeopathy"; C. R. Coffeen, Piqua, "Which are the Most Important, the Mental or the Physical Symptoms?"; J. H. Cook, Urbana, "Gallstones"; S. Dillon Clayton, Westwood, "Infantile Diet, with Special Reference to Milk"; J. W. Clemmer, Columbus, "Mucous Colitis"; C. E. Sawyer, Marion, "Where the Discrepancy?" Henry Snow, Norwood, "Lachesis."

Others present were: W. B. Carpenter, Columbus; E. B. Doan, West Carrollton; J. T. Essler, Waynesville; C. F. Ginn, Miamisburg; E. B. Grosvenor, Richmond; S. D. Grant, Springfield; S. E. George, Cincinnati; R. B. House, Springfield; A. A. Lovett, Eaton; L. D. Meader, Cincinnati; Ida E. McCormick, Cincinnati; E. C. Oglesby, Cedarville; J. W. Overpeck, Hamilton; W. E. Pryor, Camden; L. R. Pryor, Eaton; Mark Pardee, Franklin; R. G. Reed, Cincinnati; A. W. Reddish, Sidney; C. E. Sawyer, Marion; J. H. Wilson, Bellefontaine; C. E. Walton, Cincinnati; H. W. Dickinson, W. Webster Ensey,

C. W. Ginn, H. J. Grey, C. M. Ginn, H. H. Herman, J. J. Herr, Charles Krehbiel, T. L. Loughlin, George Miller, T. A. McCann, Frank Murphy, J. M. Wine, Frank Webster, Harry I. Wetzel, all of Dayton.

#### THE SECTIONAL DISMEMBERMENT.

One of our exchanges, whose editor was present at Richfield Springs by long-distance postal-card, and who seems to have gotten his facts badly cajummuxed, says, among other veracious things, that President Norton, in making his appointments of chairmen, adopted the officers of the several heretofore independent sections which had already been elected by those sections; and thus the next year's work would be done practically as if the Runnels Reorganization had gone into effect immediately upon its suggestion by Dr. Runnels.

This, however, and fortunately, isn't so. The proposed sectional divisions, each with its own set of officers, and the expectation that they will run the American Institute each after its own sweet will, has not yet gone so far as that. Indeed, it is merely a Resolution looking to the action of the Wood administration for its legiti-

mizing.

That it was the expectation and the firm belief of the committee who formulated the resolutions and plans that the proposed work of the revised sections could be and would be (under the great pressure brought to bear at Richfield Springs) pushed through, and caused to go into effect, at the last meeting became evident to even the most cursory observer. On one day, at the noon hour, while the Institute was resting from its political labors, this Resolutions Committee invited President Norton and others, seated or standing in the carpeted lobby of the Earlington, to a meeting in one of the parlors, and, when there assembled, the President was asked to adopt as and for his chairmen for the Institute Sections for next year the Presidents already independently elected for each of the to-be revised and amalgamated sections under the Runnels Reorganization Resolutions!

Very properly the President declined to do this suggested thing, and later, as was his right and duty under the by-laws, appointed the chairmen for the sections as if no revision was in prospect, and refused to have crammed down his throat a lot of men of whom he knew nothing except that they had been elected by independent organizations whose very existence was a menace to the peace and dignity of the Institute.

But think of it, brethren and sisters! The sitting-administration were assumed to be outlawed after the vote was declared. Their rights ceased at noon of Thursday. The fact that Dr. Norton had the right under the constitution and by-laws to make these appointments, outright and without consultation with anyone, was ignored. He was believed to have been so severely and justly punished for the action of his Executive Committee in moving the place of meeting that no one need descend so low as to do him reverence. The incoming administration was already in the saddle and would "run" things to suit themselves. The fact that the officers do not change until the next following January was lost to view, or had no weight with the victors. They had won the toss, and, wherever possible, it was the proper and gentlemanly thing to "rub it in" to the other fellows.

But that Runnels Reorganization Remedy has not yet appeared out of the Pandora box of the Institute. There are some level-headed men in charge of that treasure box. It is altogether likely that, after the lapse of a twelvemonth, and a simmering down of the political cauldron, and a return to saner methods, away from all-night caucuses, political cigars, and overbrimming loving cups that the Institute will not be quite so rash about dismantling itself at the behest of

the formidable specialist sections.

The measure proposed is of no permanent value. Its novelty may charm for a time. It has been tried in other organizations and failed. The American Medical Association is but now considering the possibility of making its organization a representative medical one in which every member shall have a voice and a part, instead of continuing as several sections independent of each other. Why not remember sometimes, between elections, that the other twelve or thirteen thousand homeopaths of the United States are mostly general practitioners, that the specialists, with their special hours and special work, and special fees, are able to attend the meetings while the poor g. p. is "rasseling" for bread-and-butter, and, though he would like, cannot always leave his bailiwick to vote for officers. That if we put the homeopathic American Institute wholly in the hands of the specialists, we have knocked out the last reason for a geenral practitioner to come with us...

There is to-day in the Institute, as reorganized under the Atlantic City plan, enough of time and to spare to give every specialty a place and abundance of time. There is no longer any need to have independent organizations within that Institute. And it is obvious that if the Institute cannot get together and prosper as a united community it certainly cannot prosper as

a divided organization.

Dr. Runnels, in his usual flowery and eloquent way, referred to the fact that the Institute had ceased to be a little district school with all the pupils sitting in the same room and listening to all the lessons; it had now branched out and become a University with separate buildings—one teaching law, the other medicine, the other theology, and so on and so forth, who only met once a year in some common hall for the graduation exercises.

The picture is a beautiful one of the growth in numbers of the Institute. But is that all we are banded together for—the numerical greatness—and possibly the election of officers? Have we no social feature—that touching of elbows and feet in camaraderie and good fellowship? If the University idea is to be the American Institute idea, then it may be carried still further, say as in Michigan, where the different State institutions are placed in different parts of the State: Ann Arbor having the University, the Asylum being elsewhere, and so on throughout the State, but all tributary to the Governor and his administration.

This is not the solution of the problem for the American Institute of Homeopathy; and we venture the prediction that, if the Runnels Reorganization Resolutions are carried into effect as proposed, the Institute will go to pieces

within a half-dozen years.

Let the specialists come into the Institute and take their place in that body, as homeopaths and members, and be subject, as every other member is, to the President and the administration. If there is not time enough to hold a completed meeting for each under the four-day rule, would it not be infinitely better to meet six days, or even ten days, and evenings, in order to give each his own time and place, than have the Institute meet in different sections and but loosely tied to the Institute proper?

Say what we will, deny it as vigorously as we may, Homeopathy is not the ruling idea in the sections. Sir? If, then, all the sections, some half dozen and perhaps more in time, devote themselves to an independent contemplation of their specialties—minus Homeopathy—and but a single emasculated section is given the right to sit and talk mildly of Homeopathy, how long will that Institute be Homeopathic in anything

but name?

If the Runnels Reorganization is designed to chastise the political element in the Institute by taking from it the suffrages—except the election of a neutral colorless absolutely-without-power President—then there might appear to be some measure of justification. But even so, the measure comes too late. It wasn't the incoming Wood administration, but the existing Norton ditto, which was to be punished. The Wood folks propose to carry out absolutely the wishes of the Institute regardless of their immediate electors, and to start their new administration

with this handicap is ungenerous; nay, worse, it is an insult!

#### THE SOUTHERN HOM. MED. ASSOCIATION.

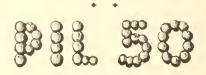
From every account that we have had of the Atlanta meeting it was a gem, a perfect success. Many of the old wheel-hosses again put in their appearance, like Price, and Richardson, and Ballard, and McElwee. Dr. Susan M. Hicks, who was the hostess, had a fine reception at the Woman's Club Room, everything being added to make it a success—music, flowers, pretty women, and lots of good things to eat. It seems as if the " understood in some better degree " Southern how to take care of its membership in convention assembled than we Northerners. There seems never to be any trouble about the offices or the next place of meeting or the Executive Committee, in esse or in posse. They all meet around the fraternal board, have a jolly good time, eat, drink, make merry, read their papers, discuss them intelligently, and then go home again. But that's the way things of this kind are usually done under the Southern Cross. Dr. Stoutthe burned-out, but uncomplaining, bishop of Florida—was there, and so was Dr. C. E. Walton. The latter's treatment of the President's case is said to have been the pièce de resistance of the meeting. Dr. Duffield also had a fine homeopathic paper cautioning against the too frequent resort to the knife in gynecology. The Address of the President, Dr. Hallman, was a masterly effort and well received.

The next session will be held in Louisville. The officers elected are president, Dr. Susan M. Hicks; first vice president, Dr. George S. Coon; second vice president, Dr. J. A. Whitman; corresponding secretary, Dr. Lizzie Gray Gutherz; recording secretary, Dr. Jesse E.

Mann; treasurer, A. M. Duffield.

One of the pretty incidents of the meeting was the presentation to Dr. Frances McMillan, late of Nashville, for so many years the corresponding secretary of the Association, a perfectly beautiful silver chatelaine bag in token of the appreciation of the "Southern" of the services of this splendid young woman, skilled doctor, and faithful officer of this Association. Dr. Mc-Millan has, at last, completed all arrangements for going to old Mexico to practice homeopathy in Mexico City, and has before now arrived in that ancient place. This was her dream and her ambition while she was yet a student in the Cleveland Medical College—we were one of her Professors of Materia Medica at that time-and she never wholly abandoned the thought of some day going there. A young man in the same class had determined to go at the same time; but he never got any further south than New Mexico.

Dr. McMillan has been an honest practitioner of homeopathy as she was a faithful and industrious student at college. Her labors in behalf of the Southern Homeopathic have been appreciated and she will be missed for many meetings to come. We wish this enterprising homeopathic doctor—Frances McMillan—abundant success and good health in her new field of labor; and we cheerfully recommend our friends to remember her when they have patients to be sent to Mexico City.



#### That Epidemic of Tetanus.

The use of diphtheria serum in Italy, and other countries as well, is likely to receive a severe check, says the (London) Chemist and Druggist. The Seropathic Institute of Milan made a batch of serum on November 24, into which the tetanus bacillus was accidentally introduced. The result has been that eight persons on whom the serum was used have met with horrible deaths from tetanus. The Institute was immediately closed, the serum was destroyed, and an effort made to recall all supplies in the hands of dealers. The accident naturally caused a great scare in Italy.—Med. Times.

Could this trouble so recently heralded in St. Louis have come from serum gathered in Italy? Isn't it just about time for the antitoxine craze to die the death? And so cases of death by tetanus are beginning to dot the medical horizon!

## Correspondence.

American Homeopathist:

Under caption "Globules" you ask the question, "What is Vesicaria Communis, anyway?" I take it that you ask this question seriously and, if you will allow me, I will give you some information that may possibly be of benefit to the profession.

Vesicaria shorti, or Lesquerella lescuri, is a small plant of the genus cruciferæ, of the mustard family. It is only found in this country in a few places. The name, as applied by a certain firm, is of German origin and means "vesicaria

vulgaris, or common vesicaria." The term Gemeines Blasenkraut is the German term for the common bladder pod, so named on account of the resemblance of the pod to the shape of the bladder.

Several years ago the writer furnished some of the pharmacies with this plant, obtained in this State (Tennessee) and he was censured by a certain firm, and the tinctures made from the plant were severely criticised, and the party went so far as to say, through their "mouthpiece," that these tinctures were compounds of several drugs, as they proved by analysis(?).

The tinctures made from the plant, gathered under the writer's instructions, have proved very beneficial as a diuretic, and good results obtained in kidney and bladder diseases, gonor-

rhea, cystitis, and albuminuria.

We have used this plant successfully in these diseases since 1890, and during this time have supplied nearly all of the homeopathic pharma-

cies with this drug.

To study the plant more carefully and closely we obtained a specimen with description of habitat (in Germany), kind of soil, etc. We have also obtained the corresponding identification by Professor Frederick V. Coville, Botanist, Division of Botany, Department of Agriculture, U. S., Washington, D. C., and we have specimens in the national herbarium, and also Columbia College, N. Y., credited to the writer. We have been attacked several time and all manner of hard things said about us, but we are sure of the true identification of the plant and we have successfully answered all criticisms regarding this.

We have made a careful study of vesicaria from a botanic, chemical, pharmaceutical, and therapeutic standpoint, and also of nearly all of the indigenous drugs used by our school

(homeopathic).

We have not only confined ourselves to the plants of this country, but have acclimated many of the foreign plants, which we grow under the same conditions that exist in their native

locality.

Allow me to say that, in fact, many drug plants that were supposed only to grow in foreign countries, we find growing plentifully here wild, and we take the position that many plants that are named as immigrants are doubtless as much at home as the aborigines.

Fraternally yours,

S. O. BARNES,

Botanist and Chemist for the Botanic Drug Co., Tullahoma, Tenn.

[To which we beg to add that a further communication was received from this same firm, inclosing the dried plant with addenda giving its various botanical and common names, its habitat, and so forth. So that we were made to feel that the Vesicaria communis was a reality. We have not yet had occasion to use it in any of the conditions for which it is prescribed or recommended by this firm.—Ed.]

## Book Reviews.

Warwick of the Knobs. By John Uri Lloyd, Author of "Stringtown on the Pike," "The Right Side of the Car," etc. With Photographic Illustrations of Knob County. New York: Dodd, Mead & Co. 1901.

To start with, the cover of this latest of Professor Lloyd's popular novels is a gem of art work. There is embossed on the linen cover what looks like the box frame of an old daguerreotype of which many of us of the elders remember how the center parlor table used to be filled, instead of the present unwieldy photoalbum. But the picture of old Warwick fails to satisfy our conception of his face and features. As for the story it is filled with striking, nay, intensely dramatic, situations. It is never tame or prosy. Each chapter dips into the matter without unnecessary circumlocution. He deals justly with the great problem which the popular author has set himself to exploit. It has a bit of love-making that is unique and carries the punishment of the rock-hunting villain of the book to a most Christian consummation; and the preacher Warwick, with his rigid predestinarianism, measures all things by, "Thus saith the Lord." The book is well written. It is to the point. It has but few characters, and each of these is virile and vigorous. It pleases us to hear that the book is having even a greater sale than its predecessor volumes. And we congratulate Professor Lloyd upon the success which has attended his foraging in this newer pasture—aside from that with which he has been so long and so famously known to the scientific world.

—The November Century is a gala number. It is replete with pictures of men of whom everyone has heard and whose works almost everyone has read and enjoyed. It treats of the humorists of our century and our country. Here we find pictures and "skits" of Bill Nye, Mark Twain, "Uncle Remus" Harris, Artenus Ward, J. Kendrick Bangs, Mr. Dooley, and other familiar names and faces. In other ways this is a splendid issue, and is in pleasant contrast to some of the later issues so often filled with the good things that only the "well-educated" could enjoy. There is a difference in

readers as there is in other things. A magazine may carry such elaborate articles that the general run of readers will not care to touch them, except on compulsion—nothing else at hand. Magazine readers of this day are different from the Harper's Monthly readers of the war period and a decade later. The world is so full of books of studies and travels that a monthly magazine which gives over-many of these papers is like to fail of reaching the other and greater number of readers. The Century has a happy faculty of varying its intellectual pabulum, so as to reach all classes during the year. The November issue, we believe, will please everyone.

—Lippincott's new Magazine comes to us with its monthly completed story, which is always well worth the reading. The Goodes pictures have become a feature most interesting because most comical and well presented. The shorter stories are up to their usual hall mark of excellence.

—St. Nicholas gives itself over to the Thanksgiving day period. Its pictures and its many stories continue to be the best of the best. It is a welcome magazine to each member of the family.

#### OHIO MATTERS.

—It is with a great deal of pleasure that we announce the meeting, on December 10, of the Northwestern Ohio Medical Society at Toledo. All the meetings of this organization which we have attended have been valuable ones, and productive of much instruction. The hospitality of such members of the Toledo profession as Drs. Parmelee, Boice-Hays, Rees, Maxwell, McVey, Fisher, and Flower is enough to make one wish that these annual meetings should come monthly. The Cleveland delegation should be a large one.

—The fall meeting of the Northeastern Ohio Homeopathic Medical Society was held in the banquet room of the Hollenden, October 16; President G. B. Haggart of Alliance, O., presiding. The meeting was devoted almost entirely to the consideration of clinical cases, those presenting subjects for discussion being Drs. Palmer, Biggar, Miller, and Wood of Cleveland; Dr. House of Canton, and Dr. Carter of Akron.

The President's address was a particularly happy one, his subject being "Homeopathy and the Reasons for its Existence." The Cleveland Homeopathic Medical Society were the hosts of the occasion, entertaining the visiting body at luncheon in the private dining room of the Hollenden café. In all there were probably 125 persons present at the meeting, and they gave evidence of decided appreciation of the meeting.

The next regular meeting will be held in the spring at Akron, and we be peak a large attendance from this vicinity.

—The Cleveland Homeopathic Medical Society at its October meeting had a very full attendance and a splendid variety of papers was presented. A very interesting one was one by Dr. Waltz, subject, "Some Clinical Verifications of Calcarea Carb., Lachesis, and Opium"; another by Dr. Baldinger, reporting a successful double herniotomy in a babe five months old; another from Dr. Trego, "Report of a Case of Obstruction of the Bowels from Gallstones," and one from a very much appreciated visitor, Dr. G. B. Haggert of Alliance, "A Case of Cancer of the Stomach, with the Pathological Specimen.' at the previous meetings, supper preceded the presentation of papers, and, of course, was thoroughly enjoyed by the members. More than fifty were present, and it is hoped that the good results of this meeting and the last one, which was fully noticed in this journal, will result in a continuance of the custom.

—Dr. C. G. Swan has removed from Gates Mills, having located in a larger city in the central part of Ohio.

—Dr. J. A. Stephens removes in a short time from the Clarence Building, 122 Euclid Avenue, to the King-Moore Building, 360 Euclid Avenue, opposite the Stillman Hotel.

—Dr. C. M Thurston has given up his offices in the Rose Building, and removed to Case Avenue, north of Cedar, where he has been residing for the past month.

—Dr. R. B. Burgner, whose term of service at the Huron Street Hospital closed November 1, is unfortunate enough to be confined to his room there with a threatening typhoid fever. He has our sympathies in his trouble, and we hope that he may make a rapid recovery.

The Cleveland homeopathic physicians are making an effort to gain a part of the City Hospital for their exclusive control. The plan is outlined something along that of the Cook County Hospital, in Chicago, and there is a very fair prospect of their efforts being attended with success. The Director of Public Charities is very much in favor of it, and we hope in one of our future reports to be able to chronicle a success as a result of these efforts. At present the College authorities have succeeded in arranging for weekly clinics, each Friday morning being devoted to this work, and the senior class of the College being required to attend. Drs. Frost and Nobles are the members on the staff representing the College.

—College Night was duly and hilariously cele-

brated November 12, all colleges of the city taking part, and their representatives presenting a fine appearance as they almost filled Association Hall. College songs were the order of the evening, the old familiar "Good-night, Ladies," meeting with a vociferous and rather musical reception. A quartette of Case School students enlivened the occasion with some beautiful songs.

The orator of the evening was Rev. Chas. A. Eaton of the Euclid Avenue Baptist Church, who meets the students on their own ground and appeals to their better natures in a manly, straightforward, right-from-the-shoulder way. President Thwing of Western Reserve was there, as were Professor Baker of the Ohio Weslevan, Professor Whitslar of the Dental, and

Professor Horner of the Homeopathic.

The College Night celebration is an outgrowth from the Inter-Collegiate Association, which has been formed between the Western Reserve Medical, Law and Dental, Adelbert, Case School of Applied Science, College of Physicians and Surgeons, and the Cleveland Homeopathic Medical College.

## Globules.

- —Wonder what has become of Johnson—that erstwhile soliloquizing philosopher? We miss his five o'clock tea profundities very much.
- —Dr. Frances McMillan, formerly of Nashville, Tenn., has removed to Mexico City, Hapkins House, San Juan de Latran 13. We cheerfully commend this doctor to our Mexican friends, and to all Americans residing or doing business in Old Mexico.
- —Dr. Thomas M. Stewart of Cincinnati, President of the Homeopathic Medical Society of Ohio, has issued a letter containing the bureaus and their chairmen for the information of the membership, and in order to give to each member the opportunity of selecting which bureau he would prefer to be associated with. This is a very happy idea.
- —The Homeopathic Medical Society of Eastern Ohio met in Cleveland as the guest of the Cleveland Homeopathic Medical Society. The meeting was held on October 16 in the banquet room of the Hollenden Hotel. It was the fifty-seventh semiannual meeting of this sturdy little society, and the meeting was well attended. Dr. Geo. B. Haggart, the President, gave an eloquent address. The local profession attended the two meetings with fair regularity.
- —The Northwestern Ohio Homeopathic Medical Society will meet in Toledo, Tuesday, December 10. Even at this early day its pro-

gressive and energetic secretary, Dr. Wm. A. Humphrey, is out with a warm-blooded circular soliciting attention, clinics, papers, and attendance. Remember the date.

- —Dr. Edward R. Snader has removed to 1919 Arch Street, Philadelphia, Pa., where he will be pleased to see all his friends and patrons.
- —Wonder if that three-million-dollar deficit of the Pan-American Exposition would still have ensued and accrued, had the American Institute of Homeopathy gone to Niagara Falls this summer, instead of Richfield Springs?
- —Drs. Boericke and Ward of 'Frisco were seen on the streets of Philadelphia recently after they had had a good time with Anshutz of the B. & T. firm. Dr. Hinsdale was also in that bailiwick, perhaps not looking for archæological specimens.
- —Our good friend, Dr. Geo. B. Peck, has been having a good time in some military matters in Providence. He gave an oration at the Centennial of the Providence Marine Corps of Artillery, while arrayed in the military uniform worn by him in 1869-71, and as such orator the local papers speak of him with much enthusiasm and praise.
- —The special courses of the Ann Arbor Homeopathic Department, University of Michigan, were announced to begin November 4, 1901, but owing to the occurrence in the hospital of a case of smallpox, in October, it became necessary to change the dates to January. The hospital has been thoroughly disinfected and no danger from this case, which came from Shebovgan, need be apprehended. The quarantine of sixteen days is raised, and patients will be welcomed again.

For the year ending June 30, 1901, there

were

Clinical cases in hospital, 1612; number of patients from Michigan, 1525; number of patients from other States, 87; number of counties represented in Michigan, 77; number of other States

represented, 12.

These sixteen hundred cases represented all phases of acute and chronic diseases, both medical and surgical, admissible to a general hospital. The students from the Senior Class act as assistants and, under the direction of chiefs of staff, have charge of the after-treatments. All patients in the hospital "go before the class" for examination, treatment, or operation. The new hospital and its equipments are thoroughly modern and not equaled in all the West.

—Drs. L. A. Martin and McGraw of Binghamton, N. Y., have returned from a ten-weeks' journey from New York to Naples, Pompeii, Rome, Florence, Venice, Milan, Lucerne, Vi-

enna, Munich, Heidelberg, Cologne, Amsterdam, Brussels, Paris, London, Liverpool, Philadelphia. From a private letter received from Dr. Martin we learn that these two doctors had a first-class good time and have returned to America in good trim for professional duties. We hope presently to print some of the detail of this itinerary.

—A wealthy young Englishman was cured of blindness on his wedding day, and the fact was thought to be of sufficient interest to warrant its being cabled across the water. Such cures are being effected every day in this country and nothing being said about it.

—A Chinaman was recently murdered in Cleveland. The morning Plaindealer said he was found "With his head completely severed from his body, save for the vertebræ of the spinal column." But even this did not save him, for he was dead.

—Mr. Frank A. Ruf, of Antikammia fame, is Vice President of the Fourth National Bank of St. Louis. Remembering how well this bank was regarded during our nineteen years of living in St. Louis, we feel that Mr. Ruf's connection with the old-established Fourth National requires congratulations from us both ways: namely, that the bank has an honorable, upright, capable business man for its second officer, and Mr. Ruf for finding his way to so prominent a place in so prominent a bank.

—We are in receipt of the Physicians' Visiting List for 1902 from the old and well-established house of P. Blakiston's Son & Co. of Philadelphia. This is the fifty-first year of its publication, showing conclusively that it was built upon merit and has continued a meritorious publication. It is in the pocketbook form.

—It is the custom in those States in which the American Institute of Homeopathy meets to adjourn their meeting for that year. This is done that attendance at the American Institute may be better than if the interests were divided.

"In view of the foregoing, the officers of the Homeopathic Medical Society of Ohio have decided to postpone the next meeting from May, 1902, to May, 1903. The officers will remain the same, under Article V. of our Constitution."

The New Albany Ledger says that "Frank A. Kraft returned last night from a business trip to Indianapolis and Columbus, O. While at Columbus he purchased a fine rubber-tired hack for his undertaking business." We were accused at Richfield Springs of having had three professions: law, preaching, and medicine and had failed in each. But those gentlemanly electioneerers forgot this "undertaking" line. Reminds us to say that someone has been selling

our august name as Frank D. Kraft to one of these advertising firms, so that for the past five or six weeks we have been receiving all kinds of advertising matter, from Malted Milk to Trommer's Malt Extract, as Frank D. It seems to us that firms of the eminence of the two quoted might be above buying names at so much per hundred. It ought to pay them to find out from some proper source how the doctors spell their names and get the addresses straight. There is no compliment in a misspelled name.

—The Santa Fé road—which is short for A., T., & S. F.—is offering some splendid inducements for reaching the Las Vegas Hot Springs, New Mexico, for those in need of this famous altitude, and the dry equable atmosphere.

—We erred in our American Institute report when we said that Boericke and Tafel were the publishers of the American edition of Dr. John H. Clarke's Dictionary of Materia Medica. By the bye, the second volume is now on the professional table.

—The Medical Magazine, the new venture in the homeopathic line, in its second number, lies before us. Our friend, Dr. Harvey B. Dale, is Editor in Chief, with Dr. Filip A. Forsbeck, Associate Editor. The magazine is in sections, each whereof is assigned to different medical men, all of whom are well known and who will without doubt make this a prime favorite on the homeopathic physician's table. It is a pretty and clean little journal, and if it is able to keep its many succeeding numbers as well filled with the true "stuff" as is this second number, we shall feel that we have received valuable aid in the school from the far Northwest. Its home is in Milwaukee, and its price is two dollars per year. Dr. Dale has always been a clever writer—a man with an idea—as we have several times said in these pages, and it was but meet that he should have a journal of his own and cease playing second fiddle to others. His writings are always of the very finest order, and will be read because of their good, saving sense of the fitness of things and the admirable way in which the record of those things will be given his many readers. It is quite certain, if Brer. Dale is given the free hand, that his little magazine will be a bright and newsy one; that it will be independent of the patent medicine octopus, as well as the blighting touch of college, hospital, and dispensary. We wish him and his collaborators most abundant success.

## The American Homeopathist.

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## The American Bomeopathist.

DECEMBER 16, 1901.

FRANK KRAFT, M. D., CLEVELAND, OHIO, EDITOR.

#### OUR PORTRAITS.



EDWARD G. TUTTLE, M. D., New York,

## Closing Reflections.

The close of the calendar year 1901, with its many things accomplished, with its sadness and its gladness, suggests the writing of a few paragraphs having special relation to the profession of homeopathic medicine.

It is but too painfully evident that there is lacking a great deal to make the profession of homeopathy a unit. It is not alone the struggle between the avowed specialist and the old-run of family physician; but it is as bitter between the specialists, as it is between the family physicians.

It may not be denied that so long as our school was in the category of persecution, when it was worth a man's social and financial standing to be accredited to homeopathy, that ho-

meopathy was better and more honestly adhered to and fought for. While now, since the laws of the land have gradually established the homeopath, and surrounded him with the equal protection of the law, the former fighting qualities, having no longer any outlet as upon the former enemies, must, and does, turn itself upon the members of our own household. It is not the first instance in history where the access of success and luxury has destroyed a people.

To ascend from generals to particulars: We all know that in some of our cities there is a continued biting of thumbs between the homeopathic schools, based not so much upon the alleged unworthiness of the one or the other, as it is upon the *personal* animosities engendered between the members of the contending schools.

In other instances the schools, though situated at different distances from each other, have not hesitated to attack the bona fides of each other, especially if the one has a fairer record of age and endowment than the other, while the latter may be struggling to establish a principle and so doing is expending freely of its blood and treasure.

There are four or more such schools within a few hundred miles of our desk which neglect no opportunity of injuring each other on every available occasion. Competition is always to be encouraged, according to Adam Smith and other of the political economists; but bread-and-butter hatred, which is at the basis of the rivalry referred to, is not the proper spirit with which to engage in the doctor-making business. If there be too many homeopathic schools,—which many of the profession believe,—then, in the name of decency and fair play for the profession at large, who are hurt by the unseemly quarrels, let us shut up a few of them!

In the cities having homeopathic schools there are sure to be "insiders" and "outsiders." The "insiders" are those happy and fortunate few who are able to pose as professors, with letterhead and other stationery, and thus safely avoid the Scylla and Charybdis of medical advertising ethics. The "outsiders" thereupon array themselves against the limited few, and the

war goes merrily on. For this there seems to be no curative combination tablet,—no antitoxin without tetanus,—unless it could be made mandatory to change the college roster each year, giving to each resident physician a twelvemonth of wearing of the puppet crown of pro-

fessor and the toga virilis.

But even with this eminent danger always in view, there are many ways in which the "insiders" could make the lot of the "outsiders" more agreeable, and so assuage the disappointments of vaulting ambition and loss of consultation fees and text-book notoriety. There seems to be no need for the "insiders" to "rub in" their good fortune upon every public medical occasion. As, for instance, when these "insiders" take charge of local societies, the American Institute, the State Society, and others, and profess, and with large and noisy acclaim, claim to represent the other eighty-three per cent. of the

local profession.

Again, in some cities the ancient, hoaryheaded, bearded practitioners, who came to that city when it was yet a village with one Main street, a central town pump, and a blacksmith shop, and by dint of desperately hanging on, because everything else, by reason of poverty and sometimes most lamentable ignorance, was shut against them, they grew rich, and necessarily influential,—these ancient, hoary-headed, and bearded folks continue still, in the light of the vast improvements in every direction, medically as well as otherwise, to assume dictatorship in the policies of the professions and businesses. The enviable habit of the Englishman upon reaching a certain figure in age and revenue, and thereafter retiring from the fighting line, seems not to be of the virtues of the hustling, tobaccochewing, feet-on-the-mantle American. If he cannot in one way, he will in another, obstruct and discredit the younger man who has everything to do and make to save himself and a new and tender wife from going over the hills to the poorhouse.

It would be wise, as it is of course charitable, if some people, instead of constantly stirring up strife, should apply of their exuberant energy to the unifying of the profession, and in the upbuilding of our special school of medicine.

In Cleveland we have the instance of a few of these ancients who are still "voting for Jackson"; who will not remove from their memories the deeds of an earlier time, when both they and the object of offense were younger and given to telling the plain truth of each other, and working hard each for his own greatness and success. All men err; to which may be added, that it is divine to forgive.

What, for instance, is the need for stirring up the stinky trail of the Cleveland College muddle in the college journal under the pretended guise of a history of the college? Is not this of that class of writing which had better be left unwritten, in the hope that by silence it might in time be wholly forgotten?

There are many instances in the history of Cleveland homeopathy of the past thirty years that will be best served by not being served up for ridiculing those who participated therein, or for the delectation of the newer generation who are not able by any stretch of imagination to place themselves in the stead of these ancient stalwarts and conceive of the difficulties confronting them nor of the labors to be performed

in those earlier times.

Of if the parading of such turbulent events must needs be made the pièce de résistance of the college journal, why not select for such exercise someone who was not of the active and interested participants in all those battles, mimic and capital; one who did not take a hand in both sides of the quarrel at different times? History is notoriously the Mother of Lies. And much that goes for history-from that docklaborer-historian in the far East, who dared to profane the reputation of an honorable admiral of the navy, away back and down to the lame and impotent tale uttered by Parton of the cherry tree and the hatchet, is the veriest tissue of lies, and more lies. A history in which the editor or collator gives himself free hand to state his private opinion upon the various phases of matter passing under his descriptive pen, is more often anything else but a history: the opportunity has been prostituted into a narration of personal grievances under a semblance of frankness and truth.

Finally, and still having reference to Cleveland: Only a few weeks since—since the fracas at Richfield Springs—some ladies, while in attendance upon the minus-three-million dollar Exposition and Midway, were informed that a certain eminent surgeon and gynecologist living at Cleveland was—everything that is forbidden in the laws of the land. This delectable information was given by a brother surgeon, and with no other conceivable purpose than that of doing personal injury to a man who had done him

no harm.

In this instance there could be plead in extenuation no personal encounter, no harm done while in the college, no possible estranging of cases, for several hundred miles lay between the two, and always had, and always will. The conduct was contemptible, and of a piece with that upheld by certain of those of the ancient, hoary-headed, and bearded ones, who, like the Bourbons, learn nothing new and as well forget nothing. Fortunately the man attacked has no occasion for fear. His record is rapidly issuing

from the vicious legends of local strife, and many there are, of the local profession, who are beginning to see that there was another side to this internecine war; and that the eagles of right and justice were not always, nor even in the majority of cases, resting upon the other's banners.

The younger men of the profession in Cleveland and otherwhere, who have grown up since these graybeards used to pluck each other by the beard and spit upon each other's Sunday gaberdines, are beginning to see that much, if not all, this former strife rose upon no more noble a foundation than personal, professional, business jealousy. Two men, both of them giants in business partnership, failed of agreeing upon some minor point—a very common result of partnerships: from this sprang a lawsuit, which proved the opening wedge of trouble, a trouble that has overshadowed the whole Cleveland profession. The principals in time mended their quarrel. But the ancient and hoary headed many thereof still nurse their former wrath to keep it warm. Talk about the Tennessee mountain feuds! And the profession of a later day, who knew neither the party of Montague nor of Capulet, is still expected, and, indeed, asked to espouse the former quarrel—to embody it as a part of the ritualistic prayer each night—calling down heaven's curses upon the original malefactors! Is it not about time for this puerility to cease?

This man who has been most assailed by this indiscriminate abuse, a senior of the Institute, a chairman of one of its sections,—Dr. Biggar,—who has asked no defense at our hands, since he needs none, could tell a different tale concerning the treatment accorded him in hospital and school and society and profession of Cleveland. But he is happy and contented, and

blithely gay, with his present peace.

There is to-day in Cleveland, thanks to the better feeling and saner policies in the ranks of the college people, a tendency toward unity and peace, in order that the Institute, when it pitches its tent in our preserves next summer, may not need to be cautioned where it may genuflect with enthusiasm, and where it may only give evasive, doubtful, cold-blooded recognition. If, therefore, the outside people—some of whom are in Buffalo-will kindly leave Cleveland matters alone, there is hope that peace may perch upon our banners, and the profession, with its college, become again as it was once upon a time, the chief homeopathic city, with one of the best, as it is one of the oldest, of homeopathic colleges in the world.

## Materia Medica Miscellany.

Conducted by J. WILFORD ALLEN, M. D., 110 West 12th Street, New York.

References in this department are made by number, as follows: Critique,¹; Chironian,²; Clinique,³; Hahn. Adv.,⁴; Hahn. Mo.,⁵; Envoy,⁶; Jour. of Obs.,¹; Am. Med. Mo.,⁶; Recorder,⁰; Med. Student,¹⁰; Clin. Reporter,¹¹; Arena,¹²; Minn. Hom. Mag.,¹³; Century,¹⁴; Counsellor,¹⁵; Era,¹⁶; Visitor,¹¹; N. E. Med. Gaz.,¹⁰; Times,¹⁰; N. Am. Jour.,²⁰; Pacific Coast Jour.,²¹; Eye, Ear, and Throat Jour.,²²; Hom. News, ²³; Jour. of O., O., and L.,²⁴; Argus,²⁵; Revne Homéo.,²⁶; Arch. für Hom.,²¹; Allgem. Hom. Zeit.,²⁰; Zeitschrift für Hom.,²⁰; El Prog. Homeo.,³⁰; L'Art Méd.,³¹; L'Homéo.,³²; Hom. Maed.,³³; Hom. World,³⁴; Hom. Review,³⁵; Jour. Br. Hom. So.,³⁶; Indian Hom. Review,³³; Foreign Journals, not Hom.,³³.

#### Therapeutic Use of Oxygen.

Dr. E. Aron,<sup>38</sup> from clinical observation, concludes that in chlorosis the results are absolutely negative. In some instances of cardiac or pulmonary dyspnœa they have been slightly favorable, but often the improvement ceased so soon as the inhalations were suspended; possibly, suggestion was partly responsible. In syncope, as in morphine-poisoning, oxygen is not to be compared with artificial respiration. It is only in poisoning by carbon monoxide that oxygen inhalations are really indicated. Inhalations are also useful in aniline poisoning, and to counteract the disturbances produced by rarefied air. Manometer experiments show that oxygen renders the respiration more frequent and more superficial.

#### Glonoin.

Dr. H. Edwin Lewis 39 finds that in all conditions of spasmodic contraction of muscular tissue glonoin is of marked service. In angina pectoris it is equaled by no other drug; for prompt relief the dose should be one twenty-fifth of a grain followed by one two-hundred-and-fiftieth of a grain every hour or two. It is useful to relieve the symptoms which accompany arterial sclerosis, delays the progress of senile gangrene and Raynaud's disease, and, used early, occasionally prevents their onset. In sciatica one-fiftieth of a grain combined with morphine will frequently give relief when the latter, used alone, is unsuccessful. Its continued use is recommended for relieving the high tension and pains of tabes dorsalis. In uræmic convulsions, combined with pilocarpine, it is of marked value. After citing various indications for its use, the author remarks that children seem to have a special tolerance for the drug, and several instances are on record where children have eaten a dozen or more of one-hundredth grain tablets without any poisonous effects whatever. In cholera infantum, with

<sup>—</sup>To loosen adhering dressing pour on diluted Hydrozone.

pronounced nervous symptoms, or when the skin becomes cold and clammy, this remedy is a lifesaver in frequently repeated doses of one twohundred-and-fiftieth of a grain.

#### Strangury—Apocynum.

T. L. Bradford, M. D.: in a case of strangury, a man, æt. fifty, desired to urinate; the pressure came suddenly as if he could not wait; after straining very greatly, with discharge of but a few drops of urine, the desire would pass away only to return in a short time, when the same thing would again occur. Looking in Hale's "New Remedies," second edition, under Apocynum, I found that Dr. Freligh claimed that in difficult urination, catarrh of the bladder, enlarged prostate, in what Lippe used to call "old sinners," he had never failed to cure with apocynum θ. I gave my man in one-half glass of water 5 gtts., teaspoonful every hour.

It not only cured the strangury, but also an incontinence of urine of some years' standing. The apocynum should be used in the tincture, not more than five drops to half glass of water. After first symptoms are relieved give a few pills

saturated with  $\theta$ , three times daily.

I have since used it in some cases of wetting the bed in old men, with good results.

#### DRUG STUDY REVIVED.

BY T. C. DUNCAN, M. D.

The revivals of the systematic study of our drugs seem to come periodically. Hahnemann started it in the last years of the eighteenth century. Then there was the revival in Germany an age later. In this country it also began about the time Hering came to America. In the fifties it was in full swing, and in the sixties Hale's collections gave the study of new drugs compared with old ones a new impetus. The effort to supplant the old by the new threatened to divide the profession. Allen's collection in the seventies, however, put an end to a growing prejudice. His ten large volumes, and the four volumes of day-books seemed to frighten the profession, and a halt was called. New provings were frowned upon, and the hard times cut off the crops of new books.

Now we note an effort to arouse new interest in drug study. The demand is for a reproving of the old drugs by scientific methods. Having passed through and taken part in two epidemics of provings, my interest is easily aroused.

Anyone who attempts to gather the effects of certain drugs upon the circulation will note that the old physicians made few pulse records.

Some of the symptoms that belong with the circulatory system are found under fever, etc. Only in the later provings are there any sphygmographic tracings and pulse-counts. The same criticism can be made upon the records relating to nearly all the organs.

Does it not seem a little singular that a lot of scientific men have for two decades or more been content to sit down and not try to correct this great defect? The specialist who raises his voice to complain should listen to the echo, "You, too,

are to blame.'

There has been for years a senseless criticism against including cured symptoms with the record of drug action. Hering turned a deaf ear and included these in his "Guiding Symptoms." Now, if we take Hahnemann's view (who knew more about drug action) that the secondary effects of drugs are the long-lasting effects, after the primary symptoms have subsided, and if the remedy removes a symptom or train of symptoms, it is but natural to conclude that these should also be classed as drug effects. Furthermore, if the secondary symptoms are the last ones, in both disease and drug, then, in therapeutics, the secondary drug symptoms should help to govern in the selection.

One of the first things we should study and master is the order in which the organs work along physiological lines. The eye brightens. What was the modus operandi? What causes the lusterless, lethargic pupil? Has not our study of the normal body been too superficial.

Suppose we introduce into the body, per orem, a few crystals of atropine—if we cannot get a good trituration of belladonna. Where does the drug go, and can we trace the disorder it causes? It finally dilates the sphincter oculi, says the oculist. Yes, and dilates the sphincter vesica, says the urologist. Yes, and it stimulates the heart, says the cardiologist. And the brain, says the neurologist. And spoils the appetite, says the dietetic man. But it produces an erythema, says the dermatologist. Yes, and causes uterine congestion, says the gynecologist. Yea, verily, says the materia medica diagnostician, it does all that because it is a polychrest! Would it not be more scientific to take up the drug and trace out the successive steps in its effects? Surely, this will prove no great problem to our many scientific disease diognosticians. Take the child that gets a drop or two of the tincture of belladonna. What a brilliant eye! and we note a dilated pupil. Yes, the mother may tell us, "it barks like a puppy, and jumps, and starts in sleep." The arteries throb from the tachycardia. Is the heart the primary organ affected? Are the other symptoms only the result of capillary engorgement and vasomotor paralysis from the pressure? We are told that "Belladonna has its

chief center of action on the cerebrum, from which radiates its influence upon the entire organism." How? Woodward traces its course of action (1) upon sensation; (2) upon the brain; (3) upon the spine; (4) upon the respiration, and (5) upon the stomach. But when then? He does not tell us. We are told that "the most characteristic expression of belladonna is the flushed face, the throbbing carotids, the full hard bounding pulse, and wild delirium "-if the dose is strong enough. That is the full-developed picture, but an artist draws his outline first, and then fills in. The heart student might justly claim that belladonna acts chiefly upon the heart. Yes, and then we ask how? The heart is a strong muscular organ, driven and controlled (fast or slow) by two sets of nerves. Does belladonna grip the accelerators, put its feet upon the vagus, and lash the heart until the eyes stand out in fright at this Jehu of a driver that can only be outrun by glonoin? In gelsemium, the body must also help the heart action while verat. vir. loosens its control of the vagus, and vomiting or convulsions come sooner. The neurologist may claim that the brain is the umpire in this game, but it looks as if belladonna played all the holes of the whole golf course,

In the new provings do not, I beg of you, confuse them with alcohol. It is said that alcohol and salt will clear the brain poisoned by gelsemium. That is true of other drugs, and tinctures of digitalis, apocynum, and many others should not be experimented with. We must at this time settle the question of antidotes or iso-

pathies.

Some of our profession have a silly fear of the bad effects of provings. It is said that Dr. Douglas of Milwaukee conducted seventy experiments with drugs upon himself and friends, and he lived to be an old man. The effect of drug provings, years ago, was to produce pathological lesions, but if we are familiar with the modus operandi of the development of morbid anatomy, we can see the first steps in drug action pointing that way. Then, if the drug removes that pathological lesion in a patient, cannot we put down the lesion as a possible drug effect? That is logic. If a flabby young man, while proving lycopus, got a mitral murmur from cardiac dilatation and the murmur gradually disappeared when the drug was suspended some days, is it not scientific to infer that that was drug effect? I examined that heart many times, and the experience of thirty-five years has verified that action of lycopus.

If specialists take up the reproving we will have isolated data, valuable and scientific, but the links of this beautiful chain will not be welded together as they should be in this day of advanced science! We need a Woodward's

work to show the first course of action, so that the similarity will be made clear and easy of application.

It is a sad commentary on this pathological diagnostic that we can find the outline of the course of so few acute diseases, and as for chronic diseases, as Grauvogl states, they are still a tangled skein. Come, diagnosticians, you expert pathologists, and lend a hand here!

Take dropsy, for example. Oh, but that is only a symptom! Yes, of course; but a symptom of what? It may be renal, cardiac, or hepatic; or the three combined. Certainly. Just please unravel the steps in its development. Is there another cause or starting point? Here is a case: Man, sixty-five years old; soldier; uses tobacco; fleshy, hearty eater, and a poor sleeper. Active brain; subject to indigestion, but no rheumatic symptoms. For some years lately mental work was an effort, although constantly thinking out a great mental problem. For years a victim of attacks of hay fever. Recently bronchial symptoms, persistent from colds, with dyspnœa on talking; with a feeling of fullness about the waist; with increased mental and physical lethargy, but still wakeful. The urine was scanty, high-colored, and frothy. Œdema appeared in the feet, and the dyspnœa on lying down increased. The heart was rapid and labored. Hypertrophy and dilatation, with occasional mitral insufficiency, was made out after exertion. The urine was found loaded with albumin and casts. Diagnosis of Bright's disease was made. The œdema steadily increased and the appetite failed. The dropsy was persistent in spite of many apparently indicated remedies. Finally the bowels were induced to carry off much water, and hot air baths opened the pores of the skin, and profuse diaphoresis lessened the abdominal bulk. The heart was now found to return almost to a normal state; the pulse fell from 104 to 84; the albumin disappeared, and the casts grew less. The former inactive liver now poured out bile in profusion. There begins to be a good appetite; the sleep is about normal. He is lighter than for years, and begins to have a feeling of awaking mental vigor. What, my diagnostic friend, was the modus operandi of the development of this dropsical symptom or condition? Did the long-lasting insomnia rob the liver of some ingredient that finally arrested the hepatic function, and the resulting effects appeared pari passu? When that is solved, then we can know whether there is any drug yet known that will keep step with that disease in its devious course. My astute therapeutic friend, what is the similar remedy? Science demands that it should be found. Drug study will compel a new disease study and vice versa. Here scientific men of all schisms can work together.

#### Modern Medical Electrology.

BY WILLIAM BENHAM SNOW, M. D., NEW YORK.

Late Instructor in Electro-therapeutics and Nervous
Diseases in the New York Post-Graduate
Medical School and Hospital.

The history of the medical uses of electricity has been so fraught with constantly changing theories and teachings that it is not surprising that the science occupies a compromised position in the minds of those physicians who have failed to keep pace with its progress during the closing decades of the nineteenth century. There can be no doubt that with the beginning of this century we are passing rapidly to the time when this powerful means shall justly stand as a recognized therapeutic agent of more than ordinary value, which those most familiar with its use have demonstrated it to be.

There are many reasons why the employment of electricity in the olden time should have been fraught so much with doubt and uncertainty:

(1) If the constant current was employed there was no definite means of regulating the dosage without the milliamperemeter, and if used very often the electro-chemical effects have undoubtedly done much damage to the tissue. One thing is certain, that except from the local actions,—electro-cautery, cataphoresis, electrolysis, and metallic electrolysis,—it has not stood the test of time, constantly falling in disfavor and never

gaining ground.

(2) The interrupted current of the faradic coil and the magneto-electric machines have proved interesting, entertaining, and suggestive measures, but who can point with certain pride and satisfaction to the cases that were cured by the old battery? The more recent batteries, employing several Leclanche cells, and long, fine-wire secondary coil over a short, coarse primary coil, provided with means of rapid interruption, approached more nearly an effective means. Later came the sinusoidal machine, and still better were the claims for successful therapeutics.

(3) Static electricity was known to possess therapeutic value in the days of Abbé Nollette and Benjamin Franklin. The latter was instrumental in performing many cures by administering sparks from Leyden jar, and from this fact and from his discovery of its relation to the electricity of the clouds we derive the term franklinism, now so commonly employed when referring

to the medical use of static electricity.

The administration of sparks by Franklin's apparatus was tedious and painful, and very slow in gaining recognition. With the gradual evolution of the machines of Holtz, Töepler, and Wimhurst came the possibility of exciting a cur-

rent or output of practical therapeutic value. Vigoreaux, Charcot, and Morton gave the employment of static electricity a new impetus.

When Morton brought two Holtz machines from France, in 1881, America became the field of progress in that department of electro-therapeutics, and holds that position to-day. Morton gave the world the first current of high frequency, great potential, and small quantity—the static induced current. It was the pioneer of the currents which have revolutionized electricity in medicine, and to which the future generations must look for great results.

While Apostoli, Gautier, Newman, Morton, Massey, and many others have accomplished so much with the constant current in the field of electrolysis, metallic electrolysis, and cataphoresis, and electro-cautery, all yield to the currents of great potential (voltage), high frequency, and small quantity, the scepter for the relief of pain and inflammation, and for nutritional effects, and

for the relief of nervous irritability.

First, the Dubois-Reymond coil, and later the apparatus of D'Arsonval, were the means adopted for producing the currents abroad, after Morton had introduced the static induced current in this country. The currents of the D'Arsonval apparatus undoubtedly possessed advantages over the first current of Morton. The Morton static wave-current, however, possesses many and great advantages over all preceding modalities, and to-day, with its modifications, forms the basis of a new era in the field of electro-therapeutics.

Until the introduction of these currents of great potential the effects of electricity for the relief of pain were uncertain, whereas now it is to be relied upon. The knowledge of the fact that electricity relieves inflammatory processes, lessening hyperæmia, active or passive, is of such recent date that few realize the truth. The fact that electricity will restore the functional activity of organs during a remote local treatment, increasing all nutritive processes, is so foreign to the experience of the past that those alone who have observed it, almost without exception,

can affirm it.

No agency, we believe, in the whole scope of medicine has the future prospect of relieving human suffering as that of electricity.

When it is generally understood that, whenever these currents are administered locally, a constant oscillation to and fro through all the tissnes of the patient, from the surface of the electrode to every part of the surface of the body, takes place, thereby arousing dormant energies and inducing physical activity, the results of these effects will be better appreciated.

Activity is induced everywhere, resulting in im-

provement of appetite and general health. Pa-

tients who are receiving no other treatment but the local administration of the wave-current for a local arthritis, neuritis, or some other affection, gain from one to five pounds per week. Surely, then, the same administration is indicated in atonic conditions.

The local effects of the static modes of application are to increase secretion, excretion, and absorption, and to promote the processes of repair. In inflammatory conditions, recent hyperæmia and swelling are promptly dissipated, pain and tenderness disappear, and prompt restoration takes place. Chronic inflammatory conditions yield more slowly, but do recover, as they do not from any other treatment. Synovitis, chronic rheumatism, rheumatoid arthritis, and sciatica are no longer affections which tax professional skill.

The painful neuroses yield to the high potential modalities as they do to no other treatment: (1) because the congestion, which is so often the cause of pain, is relieved; (2) because general and local nutrition are improved; and (3) because the currents affect pain in ways as indefinable as pain itself. Neuralgia, neuritis, migraine, and the terrible pains of tabes are managed with satisfaction to both physician and patient.

The paralyses of peripheral origin and cord lesions of a congestive type yield readily when treated within the early stages of the affection. Infantile paralysis and tabes are cured when treated before the local congestion has destroyed the ganglion cells.

If infantile paralysis be treated as soon as it appears, the local congestion is promptly dissipated and the power completely restored to the paralyzed muscles. This is true only of the wave-current administered, as it is, from one side of the static machine with the patient insulated.

There is no greater triumph in electro-therapeutics than the remarkable success in the treatment of these unfortunate little patients when they come under observation within the first weeks of their affection.

One of the most recent discoveries is the successful employment of the brush-discharge, and similar applications, in the treatment of skin affections. Eczema, lupus, the erythemas, herpes zoster, and lesions generally of parasitic origin are promptly relieved and cured. An eminent dermatologist recently said to the writer that if he were to choose between the static administration and medical treatment of skin affections, he would adopt the electrical treatment. The writer well realizes that those who have not become familiar with the modern administrations of electricity may not be prepared to accept these statements, true as they are, of the results of progress. It can only be hoped that such will

suspend judgment until they can find time to investigate. To those who are working along progressive lines in the employment of electricity, there is the greatest encouragement to go on, for the work is ever new, and there are constantly open opportunities for original work such as are offered by few departments of medical science. The general technique is not difficult to acquire, and no man has better opportunity than the general practitioner to make ever-increasing use of the means in his office practice. Such will find it most useful in treating many difficult cases, as well as remunerative and delightful work.

74 W. Forty-seventh Street.

### Vesical Calculus in a Woman aged Seventy-five Years; Operation; Recovery.

BY C. BALLARD, M. D.

A. W., aged seventy-five years, has frequently been to consult me during the last year or two for difficulties in micturition. A little simple medicine has generally given her relief, but during the past summer her symptoms became more troublesome, and she thought her sufferings arose from a falling of the womb. On examination the womb was found to be quite without fault; but the urine was full of mucus and blood shreds. I then suspected stone, which diagnosis, on passing a silver catheter, proved correct. I suggested an immediate operation, and the patient willingly consented.

The stones, four or five in number, with detritus were extracted by the urethra; some slight febrile disturbance ensued, and lasted three or four days. Some incontinence of urine (from laceration of the urethra) lasting ten or twelve days. The calculi must have been in the bladder for years, and the constant irritation of the mucous coat had produced an effusion of mucus, almost pustular in appearance, mixed with blood. In three weeks (so much vitality and recuperative power did this old lady possess) she was quite well, the urine had become normal, the incontinence was almost gone, and sleep and appetite were restored.

## Treatment of Intussusception by Inflation and Succussion.

BY E. BLACKER, M. D.

Following is a note on the treatment of two cases which were under my care some time since.

The earlier case was a child presenting all the

usual signs of the malady-vomiting, tenesmus, with blood and mucus passing from the anusand was the sequel to an attack of diarrhea. No fæces had passed for a good many hours. The child's condition seemed very precarious. The treatment consisted of distention of the bowel with air, gradual inversion, and gentle succussion. The rubber portion of an ether spray apparatus was attached to a No. 12 gum-clastic catheter; the point of the catheter was passed through the anus, and air steadily forced into the rectum. With the gradual distention of the bowel the catheter was slid higher and higher, air being still forced in. The abdomen became visibly distended, and soon reached a point beyond which it seemed unwise to go. The child was then gradually inverted, and gentle succussion practiced. Almost before the inversion was complete there was a forcible escape of air and fæces; the condition of the child suddenly altered, and all unpleasant symptoms vanished. The relief was complete, and further treatment unnecessary.

The later case was similar to the earlier one, and yielded in an equally satisfactory manner to

the same treatment.

### Inversion of Uterus Following Labor.

BY H. GILBERT NICHOLSON, M. D.

At 12.30 A. M., on October 3, I was called to the case by the midwife who had been privately engaged by the patient to attend her in her confinement. I found her blanched and collapsed, and death occurred five minutes after my arrival. The following is the statement made by the midwife at the inquest: She delivered the patient at 6.30 P. M., October 2 (that is, six hours before death) of a full term, well-developed child. She expressed the placenta into the vagina, and then picked it out with her hand, "but had some trouble with the membranes." She did not use any excessive traction on the cord or vagina. She gave 3 ij of ergot, and left her at seven o'clock with the uterus well contracted and a good pulse. She was summoned again at 11.30; found the patient collapsed; there had been considerable hemorrhage, but the uterus was still contracted. She administered stimulants, with no avail, and death occurred as reported.

The patient was a fine, well-developed woman. It was her fourth confinement, the previous ones being quite normal. She had suffered with vomiting and fainting attacks while carrying. I made a post-morten examination twenty-one hours after death. The uterus was quite inverted, so much that the fundus was lying close on to the os. There was a long piece of mem-

brane attached to the placental surface of the uterus, and the whole of interior of the organ was dotted with fine blood clots; otherwise it was quite healthy. All the organs were quite normal, but very pallid, and the heart was quite empty and contracted.

The midwife stated she had no idea of what had occurred. I think the reduction in size of the uterus, owing to the inversion, might have been easily mistaken for a contracted organ. The cause of the inversion on the above evidence is, of course, obscure.

#### Treatment of Cardiac Dyspnoea.

BY JAMES EDMUNDS, M. D.

In general, I would say: If the patient carry redundant weight no relief can be given until that is got rid of. Every pound of surplus fat upon the body indicates a corresponding weight of fat upon the heart, and so taxes its motorial energy at every beat, night and day, just as a lump of wax upon a tuning fork lowers its pitch, and brings it in rest earlier on account of the undue weight which it has to carry backward and forward at each vibration. Surplus fat also taxes the circulating power of the heart by having to be kept alive, pumped for, and scavenged. Body weight as a source of heart failure has never vet, I believe, been adequately considered. Surplus fat is a mechanical drag upon every stroke of the heart; it taxes the vitality of the system as a matter of mere porterage; it taxes the pumping power of the heart by adding to the area of the circulation; it taxes all the scavenging organs of the body in order to eliminate the refuse of its metabolism.

There are two ways of reducing the bodyweight. The way generally adopted is to force the system into greater exertion by "constitutional walks," and what is called "exercise." This is the way to kill some patients. This way amounts to exhausting the energy of the body in order to convert it into a food destructor, exhausts the nervous system, wears out the muscular power, and taxes alike the digestive and the eliminative organs. It is pure waste and wrong-headedness. Another way is simply to limit the ingesta, and make the patient live upon at least one ounce each day less than is consumed by the work done in the system. I always say, "Reduce at the rate of half a pound per week, weigh every Monday morning, and keep regular note of your weight." Now, one ounce a day means a reduction of 365 ounces in a year. I find practically that this is always a safe amount to reduce, and that this rate of reduction can be carried on as long as is necessary.

If the patient at first feels faint or hungry, let him drink a tumblerful of hot water tinctured with a squeeze of fresh lemon juice, and lie down upon the sofa for a time, until recuperation has taken place. Do not let him fill himself up with food, and avoid all preparations of liquid beef,

and all such things.

The points of rest and limitation in point of quantity of food being clearly grasped, the nature of the diet does not need much change. The diet must be fastidious and varied to any extent. It should never be monotonous. While rapid reduction is necessary, sugar and pure farinacea and bread stuffs should be cut down. Fresh garden stuffs and fruits (avoiding grapes or other purely saccharine fruits), boiled meats, birds, or fish are all good if only the quantity be duly limited. It is really wonderful how much relief can be given to these cases on these lines.

As to "heart tonics," they are all poisons, and

should be carefully avoided.

As to alcoholic beverages, they do nothing but harm. In certain cases a teaspoonful of whisky or other spirit in a gill of hot water as a medicine

is useful now and then.

It takes a week or two of resolute regimen and discipline before such reduction of body weight and elimination of metabolic refuse can be obtained that the patient feels the commencement of relief.

N. E. Y. DAVIES, M. D.

I concur in all that Dr. Edmunds says in regard to the dangers of excessive fatness—and one might point out many more that he does not give—will you allow me as one who has dieted very many thousands of people for the reduction of weight to disagree with him in some other points? For instance, he speaks of half a pound reduction of weight per week as being sufficient.

From my experience I do not consider this as anything like sufficient, and I consider that a patient of from two to three stone or more over the normal weight should lose at least twelve pounds or more in the first month, and a corresponding reduction afterward until normal weight or something very near it is attained. My experience teaches me that there is no danger whatever in doing this at any age. I have reduced a person of over sixty years of age ninety-five pounds in a year, and the result has been an absolute return in the individual of the energy and activity of youth. She has since become a proficient bicyclist. I could instance, indeed, numbers of such cases who have been under my care even to a far greater loss of weight than this. I have dieted persons for this purpose even up to the age of eighty years, and always with the most satisfactory results. Indeed,

I find the benefit greater in old age in some re-

spects.

I also disagree with Dr. James Edmunds in his remark that the amount of food should be to a certain extent restricted. I adapt the dietary to each case, allowing plenty of strengthening food, and insist on a weekly visit or letter from the patient, so as to be satisfied that all is going on as it should. I give plenty of food, but cut off all those foods that are fattening. I also allow stimulants in moderation, and when the patient has come to a proper weight I give what I consider to be a stationary dietary, and I watch the result of this for some time, making the patient report once a week or fortnight as the case may be. I always forbid violent exercise,—it does harm,—but recommend exercise short of fatigue. I forbid drugs and purgatives (beyond a little aperient if desires occasionally). The same remark applies to Turkish baths. The injury that I see done by quack medicine is incalculable. This has been the system that I have adopted for very many years, and I find that in cases where obesity is complicated with Bright's disease, gout, rheumatism, and other such ailments, enormous benefit arises from a course of dieting.

### The Third Stage of Labor.

BY ALEXANDER DUKE, M. D.

I have never found any harm to result from traction on the cord if made in the proper direction and combined with "expression" from above at the same time. Of course I take it for granted that a sufficient interval has been allowed from the birth of the infant to see what nature will do, the hand of the attendant resting over the uterus all the time. The "auld wife" plan of a pinch of snuff is sometimes useful. If there is no yielding felt when traction is made on the cord combined with expression by the other hand, but a springy sensation experienced like drawing on a rubber cord, it is evident the placenta is retained by morbid adhesions, and must be removed manually.

#### B. G. THOMAS, M. D.

After twenty years one can still learn. Once the presentation and the state of the os have been ascertained by a clean and lubricated hand and finger, in ordinary cases, no further interference per vaginam is needed: that is, as Dr. Duke suggests, calculated to interfere with rather than promote the third stage (as of other stages). For some years I have waited till the placenta

is expelled, and a little longer, before tying or severing the cord, so that the child may get all the blood it possibly can, as "a start in life." As to the general management of the third stage, I agree that the prevention of undue hemorrhage is the chief aim. In those rare cases where the placenta is really adherent, I have waited an hour before introducing the hand, and without ill-effects, trying first "expression," ergot, and rest. I am convinced it is on the vis a tergo we must rely; and to trifle with the cord in the "os," while expecting the uterus to contract, is like pulling at a horse's mouth and spurring it at the same moment. After the placenta and membranes are expelled, it is then the uterus, tired with its final effort, requires support, and this I give myself with the left hand, or instruct the nurse to do it, for a quarter of an hour or so, meanwhile cutting the cord and examining the placenta, as to its being intact, etc. I find with these little observances one can rely on the milk appearing in due time, and on the child being able to subsist on a little water until it does. Departure from them often upsets matters, interfering with suckling, robbing the child of its due, and playing generally into the hands of the gynecologist re the mother.

What is Bovinine, Its Composition, and Method of Preparation? — An Independent Investigator's Discoveries.

BY C. W. CANANS, B. S., M. D., ORKNEY SPRINGS, VA.

At one of our medical meetings last year, while speaking of the treatment of cholera infantum and allied diseases of childhood, I spoke of the therapeutical indications of bovinine and the confidence I placed in it. That it was especially indicated in all conditions where other forms of nourishment failed to be retained or were digested with difficulty, and where the vitality of the patient was already at a low ebb.

The few sentences above embody all I said about bovinine, as my subject was cholera infantum and its treatment, and I had already outlined several lines of treatment to meet the indications in various forms of the disease. My mention and advocacy of bovinine were bitterly attacked by two brother physicians, to my great surprise. They claimed, among other things, that it did not contain blood of animals as its name implied, and as was generally supposed by many members of the profession. That no ox blood entered into its composition; but on the other hand it was composed of chemicals so combined as to deceive the majority of the profes-

sion, and it was only those who took great pains to analyze it who knew better. It was further said that this chemical compound was without doubt harmful to the human organism even in a healthy condition. That this fraud was "boosted" by its originators and advocates as a money-making scheme. One of these learned chemists said he had prescribed it once in a case of acute gastritis of a child, and the patient died a few hours afterward.

The other acknowledged that he had never prescribed the preparation, but was satisfied that its virtues were purely imaginary on the part of

those who had done so.

That he could not say definitely as to its composition, but, admitting that it was beef blood, he thought any other simple remedy would be more likely to be retained, and decidedly more beneficial to the patient. There were many other things said, but the above includes the substance.

While I was as one thunderstruck I defended bovinine the best I could; yet at that time I had only the clinical evidence of others as well as myself, who had prescribed it with good results, to place before my antagonists. But this was not the evidence I needed at this time, and I am sorry that I was so ignorant as to the composition of a formula so old and so often promulgated. I had begun to prescribe it upon the clinical experience of many able physicians, and the results had been all I could wish; so I never took the time to investigate its composition. Therefore I could produce no positive proof of what it contained or how it was manufactured; and this was what I desired so to prove. Then and there I resolved to thoroughly investigate these points, that I might know the truth, and I hope some day to convince these learned followers of Æsculapius. I wrote to a number of prominent physicians, and while the evidence they offered was in every case in favor of bovinine, they were principally clinical reports. 1 also wrote to The Bovinine Company for literature, and they sent us the formula and invited us to come to Chicago during the fall of each year and see them manufacture it. I continued these investigations until I was thoroughly satisfied.

Bovinine is composed of defibrinated bullock's blood, desiccated egg albumen, old Bourbon whisky, chemically pure glycerine, chemi-

cally pure boracic acid.

The plant where bovinine is made is in Chicago. The blood used is arterial, and that from steers which are sound in every respect. This blood is caught by the world-renowned Armour people, only the first gush after the throat is cut being used. The blood so caught is then taken to the plant at 1314 Bronson Street; here it is agitated and mixed in tanks holding thirty bar-

rels each, by steam paddles, which blend and render limpid and bland the preparation.

The remainder of the formula includes the pure white of eggs, which adds greatly to the efficacy of the product. It soothes the irritated stomach and intestinal canal, and at the same time is highly nutritious. Pure glycerine, another ingredient, is a valuable antiseptic, and is also nutritious, while the four-year-old Bourbon whisky used is stimulating, and at the same time prevents retrograde tissue-metamorphosis. There is a small per cent. of boracic acid—so small that it can only act as a mild antiseptic.

The value of a pure article of bullock's blood as a physiological agent to sustain the vital forces has been proven over and over again, and needs no comment by me. I have not gone into the minute description of the process of this product because I did not think it necessary, and if any physician who reads this doubts any part of it, or would like to know more about the details, he should go to Chicago during the months of October and November (this being the best time adapted for its manufacture), and see for himself; he will be welcome.

These investigations have been made purely to ascertain the truth, and that I might be better posted in reference to the composition of such a valuable preparation as bovinine in the future.

### Method of Rendering Japanese Paper Handkerchiefs Impermeable for Consumptive Sputum.

Appended is a method of treating Japanese serviettes so as to render them impervious, and thus suitable for isolating the sputa of consumptive persons for a reasonable length of time. The process appears to slightly toughen the texture, and leaves it pliable and without the crispness which is the objectionable feature in more durable impervious papers. Cotton and other fabrics may be treated in the same manner.

Dissolve with gentle heat two ounces cera alba japonica and one ounce paraffin (or spermaceti) wax in about ten ounces of turpentine. Spread a thickness of about a dozen serviettes on a non-absorbent surface, and brush over with the warm solution until well saturated; separate, and hang to dry for several days.

· A better, but more expensive, solution is prepared as above, with the addition of a small quantity of pure rubber thoroughly dissolved in turpentine.

The quantities of the ingredients may be varied with advantage with regard to the special texture of the servicttes to be treated. The more open the texture the larger will be the amount of Japanese wax required.

## Translations.

#### Treatment of Skin Affections by Cold.

Hearing a good account of the use of fluid air in skin affections, E. Saalfeld (Therap. Monats.) applied this remedy to five cases. These cases included one of lichen ruber planus, one of eczema lichenoides, one of tylosis of the hands, one of warts on the dorsum of the hands, and one of a soft sore. The temperature at which air is made fluid is -190° C., and the sudden cooling down of a vessel into which the fluid is poured was shown by the bursting of a glass vessel into which he wished to transfer the fluid. He applied it, by means of a small swab, twice to the back of a mouse; the skin became of a leathery hardness, and the animal died ten minutes later from shock. The same hardening of the skin took place in a rabbit, and this disappeared after a day or two. The application to the patients caused burning and itching which lasted from fifteen to thirty minutes. After an hour or longer a blister rose, and on puncturing this, plentiful serum escaped. The secretion gave rise to a crust forming, which remained from one to three weeks, after which, in the case of the lichen, the eczema, and the tylosis, the skin healed up and appeared normal. The warts were removed, by a process of falling out, in a few hours. The soft sore disappeared in about four days. As fluid air is expensive, in spite of the American claim that it is the same price as "seltzer water," he attempted to use a mixture of chlorothyl and chlormethyl (15 per cent.), which is known as "metcethyl." This freezing mixture gave him excellent results in some chronic infiltration affections, in eczema lichenoides, in lichen planus, and in tylosis. Further, he reports that in leucoplakia of the tongue he found the spray mixture of great value, and advises the use of the knife to shave the surface flat, when the tongue is sufficiently but not too intensively frozen.

## Medical Treatment of Perityphilitis.

Bourget (Therap. Monats.) protests against the treatment of perityphlitis being left to the surgeon. He refers to divergence of opinion among surgeons whether to operate during the attack or to wait. Those who wait carry out the expectant treatment by the application of ice to the ileo-cæcal region, and administer opium. Bourget quotes Lauder Brunton's experiments on rabbits to prove that the external application of ice must raise the local temperature in the

appendix, and therefore must have the contrary effect to that which is desired. He then turns to his idea of the pathology and ætiology of the condition, and comes to the conclusion that appendicitis is due (indirectly) to hyperacidity of the stomach, and its concomitant disturbances of intestine, including constipation. Under these circumstances, he considers that opium can only increase the causal conditions, and that there could be no worse treatment than the combination of cold and opium, although it doubtless suits the surgeon, for it necessitates within a short time an operative interference.

He believes that habitual constipation is a predisposing cause of perityphlitis, and argues that the judicious treatment of this can be regarded as a prophylactic measure. He advises a diet consisting of but little meat, much vegetable, well-cooked fruit, and farinaceous foods, and the use of Carlsbad salts, or some other saline aperient, or castor oil. The use of enemata, he considers, is of great value. Massage is also a remedy which he praises highly, and suggests a method which the patient can carry out by himself. The patient lies on his back, and with crossed arms passes his hands under his knees. Alternately he briskly flexes his right and left thigh until it presses against the abdomen. This is to be carried out four times a day, in the morning and evening, when the patient is to be naked, and at eleven and four, when he may keep his clothes on.

At the beginning of an acute attack the diet is to consist of light soups, oatmeal, rice, and eggs. If the patient is hungry he gives him weak tea with very little milk. Every day he prescribes a dose of salecetol and castor oil, and he also frequently washes the stomach out with a one per cent. solution of sodium bicarbonate. The large intestine, too, is washed out as far as the cæciim. He uses one liter of fluid, and passes the rectal tube in as far as possible. The fluid is used at a temperature of 100° F., and consists of a solution of ichthyol (4 in 1000). A little olive oil is introduced into the rectum, so that it may be carried up by the enema solution to the cæcum, and in this way act locally. After two or three days he substitutes for the castor oil sodium sulphate. He contends that he gets better results by this method than surgeons do, and even goes so far as to say that in one patient who, after his treatment had his appendix removed, the perityphlitic pain returned.

## Disinfection of Instruments.

J. H. Pollak (Deut. med. Woch.) has made compartive investigations on the various methods of disinfecting cutting instruments. He concludes that: (1) Boiling, and especially in soda solution in a closed vessel, is the best means of sterilizing, but that sharp instruments are blunted by the process; (2) soap spirit is capable of sterilizing sharp-edged instruments in fifteen minutes without blunting or otherwise affecting them, when infected with ordinary pyogenic organisms; (3) mechanical rubbing with soap spirit for thirty seconds is an excellent procedure. He further states that in actual surgical practice he has had every reason to be satisfied with this method of cleaning sharp instruments.

## The Treatment of Habitual Constipation by Gastric Lavage.

(La Semaine Médicale): Struck by the fact that washing out the stomach for diagnostic purposes in cases of gastric trouble, associated with constipation, was followed the next morning by a normal movement of the bowels, Dr. C. D. Spivak (Denver) has been employing gastric lavage as a means of combating obstinate constipation in patients suffering from gastric affections. The first lavage of the stomach resulted in a normal motion the following morning, and its repetition every day for two or three weeks, and subsequently at gradually increasing intervals, led in the majority of cases to a complete cure of the constipation. Cases of constipation, unassociated with stomach trouble, have also vielded to this treatment. The stomach should be washed out an hour before breakfast with cold water, or alternately with hot and cold water.

## Oxygen in Croup.

Hagenbach-Burckhardt (Jahr. für Kinderh.) reports favorably on the use of oxygen inhalations in the children's hospital at Basle. Besides lung and heart diseases of adults, oxygen has lately been recommended for broncho-pneumonia. The writer gives his experiences of 20 cases in which oxygen was given, and 15 were cases of laryngeal diphtheria. The benefit resulting was that it allowed time to be gained, and brought the children into a better condition for performing the necessary operations. Tracheotomy is made much easier by its use, and can be begun and carried out with more deliberation. The replacement of an intubation cannula is simplified if the lividity and distress is kept in check by oxygen while the tube is out. In 2 cases of sudden approxain I on the completion of tracheotomy, in the other during the night following intubation—

timely administration of oxygen undoubtedly saved life. A severe case of broncho-pneumonia is also described in which cyanosis was kept in check for three days by oxygen, and the infant then recovered. The general condition of all the cases was more or less improved, lividity passed off, breathing became slower, and the alæ nasi ceased to work, restlessness and narcotic phenomena were reduced, and life prolonged. All the cases were severe, and 13 out of 20 died; among the 7 recoveries there were some remarkable results from the oxygen treatment. This certainly deserves a more extensive trial in the obstructive respiratory diseases of children, as, though by no means infallible, it far surpasses in efficiency any other drug that could be used in like conditions. The croup ward at Basle has always a plentiful supply of oxygen ready to hand. The cylinders contain 300 liters; they are connected with a meter, and this again with a rubber tube ending in a mask. The meter records the doses; children soon take kindly to the mask, perceiving the relief it brings. The inhalations should last five or three minutes, and be repeated every five, fifteen, or thirty minutes. From 30 to 150 liters may thus be consumed by a case every day.

#### EXAMINATION CHAIRS.

American Medicine gives print space to a descriptive article with picture of a new operating table, which the author or inventor classifies as simple and inexpensive. Unfortunately, all such constructions are based on the wrong principle. They are all designed for operating tables. It seems never to dawn upon these inventive minds that, if they would direct their surplus energy to the inventing of a table or chair that could be used in a physician's office for the ordinary examinations and treatments, and at a decent price, there might be an immense sale. But to construct a chair or table on the aseptic plan, built of sheet-iron with gaspipe legs and joints, with drip-pan, hydraulic lift, valves and wheels, with a dozen positions, which are never used in an office, is a waste of time, material, and money. They are fitted only for hospitals. And every hospital has its own specially built affair, which is easily kept clean because there are a half-dozen assistants and as many nurses to inspect and scrub and wash and fumigate, and do all the other scientific things to it which a rigid asepsis nowadays requires. There seems to be no dearth of fifty-dollar chairs which can, by touching a spring here, or a button there, stand your patient on her head or set her on her ear. But all these gasoline engines are useless in a general practitioner's office; they take up an immense amount of room and tend to frighten the patient. Let some practical medical inventor call on a couple of dozen general practitioners and discuss this question with them, and note how little machinery is needed about a comfortable examining chair.

#### The Germ Theory.

"That a plant may grow we must have, first, of course, the seed, and then a soil that favors its germination," says the Literary Digest. "So for the presence of disease we must have not only the germ, but the favoring soil; in other words, both infection and predisposition."

This proposition, so self-evident, was the one with which the anti-germ students met the rabid invasion of the germ theory. It was and continues our own contention to this day. Still the vast majority of the profession—certainly of the newer accessions—believes that every disease is the result of a germ inhaled or acquired from an infected source. Because of this belief there are whole States of people gone mad on the contagion of consumption, and endeavoring in one way and another to put up the bars against the admission of those so afflicted. "These facts," says the Literary Digest, "were well illustrated by an editorial in the Hospital (October 26) regarding tuberculosis. Says the writer:

garding tuberculosis. Says the writer:
"The germ has been placed on a high pedestal, infection has been made into a fetish, and the faiths of our fathers have been to a large extent deserted. Nevertheless, artists and people of observation still hold to the 'consumptive type,' girls and young men are still said to be 'consumptive-looking,' and those who, putting theory on one side, are content to watch events, find too often that these old notions turn out to be correct. . . The widespread nature of the infection of tuberculosis makes it fairly clear that something besides exposure to it is involved in the development of the disease. But when we find that not only are the germs widespread, but that a large proportion of the population are actually infected by them, and yet are able to throw off the disease, it becomes more evident than ever that it is the condition of the individual rather than the presence of the germ which decides whether a man shall or shall not become consumptive."

How are the mighty fallen! For years nothing seemed so immutably established as the germ theory. And following this came, most naturally, the germ-killing measures, many of which have made millionaires of chemical factories and pharmaceutical houses. At last the rebound!

#### The Calendula Dressing.

There was a time when calendula was considered a valuable adjuvant in all treatment of wounded surfaces. It happened, however, that the newer generation, having discovered the allmightiness of the microbe, made further discoveries to show that calendula was practically worthless, because not aseptic, and, therefore, dangerous to apply to a wound. It gives us great pleasure to find the virtues of this old remedy becoming once more the vogue, for we were thoroughly indoctrinated to its values, and have continued to resort to it most frequently, the danger of infection notwithstanding. following experience from our brother journal, the Homeopathic Recorder, as reported by Dr. G. S. Austin from Nantucket, Mass., will be read with interest by all, and with much pleasure by the remnant old-fashioned homeopaths of the '70's and '80's:

"I used a mixture of succus calendula and glycerine on a patient who was knocked down by the end of a carriage shaft striking him behind the ear, and then the foot of the horse struck him in the face as he rolled over, the shoe being placed so that it cut all around the eye, but did not touch the eyeball; but the force of the blow broke the nose. By the time the patient could be brought to town the face was so badly swollen as to cause the wounds to gape open in a fearful manner. I applied the calendulated glycerine, one part glycerine to two parts succus calendula, warmed by the addition of a little hot water. The carriage went over the man, taking off the skin of the left tibia for about twelve inches, and bruising him in several places; but he was wonderfully preserved from injury in the abdomen. Wherever the skin was broken the calendulated glycerine was applied. The rapid and complete recovery which the man made was a marvel to all who were acquainted with the case. There is no disfigurement of the face. The hygroscopic nature of the glycerine, together with the antiseptic and healing properties of the calendula, made a perfect dressing. It was wonderful how quickly the swelling was reduced by the glycerine, thus affording a free circulation of the blood through the parts, which aided the repair process. The surgeon who performed the abdominal operation sent him here for recuperation, and put him in charge of a "regular" physician. That physician could not be found when wanted, and so the patient had advantage of good scientific treatment, which he evidently would not have received if said physician could have been found, for when the patient was well started on the right road to recovery he arrived on the scene and ordered my

treatment discontinued, and substituted instead cloths wrung out of ice water. The patient dutifully tried to be obedient to the "powers that be," but very soon most vigorously protested against the further application of cold, and demanded the reinstatement of the former very agreeable treatment.

The process of repair can only take place by the circulation of the blood through the parts. The cold would drive all circulation out, and consequently no repair. When the blood returned after the parts got warm again there would exist a paralyzed condition of the nerves of the part, and consequent hyperæmia and inflammation. How much the world is blest by homeopathy they do not realize. How much we owe Samuel Hahnemann!

I find a great many uses for the abovementioned mixture. Using is now on a carbuncle. Been using it for some time in a case of chronic inflammation of pelvic organs—used externally. It is a great help to internal treatment by mouth.

## The Perilous Adventure of an Old Medical Book.

The problem of what becomes of all the old books has had a curious light thrown on it by a recent occurrence in Philadelphia. In a large paper mill in this city a great pile of waste paper was being passed into a machine in order to be reduced to pulp. One of the proprietors who happened to be standing by, saw a rather dilapidated old book on the heap, and, picking it up, observed that it was a Latin work on surgery. Thinking it might be of value, he rescued the old tome and brought it to the editor of the Phila. Med. Jour. It proved to be a copy of the second edition of the Latin translation of the complete works of Ambrose Paré. The title page was unfortunately torn out and the old vellum binding had been torn off, but otherwise the book was in excellent preservation. It was published at Frankfort in 1594, and its full title (which we have verified by comparing the book with the copy in the Library of the College of Physicians) is: "Opera Chirurgica Ambroisii Paraei. . . A Docto Viro, plerisque locis recognita et latinitate donata, Jocobii Guillemeau, Francofurti, MDXCIIII."

The first edition of Paré's collected works was in French, published in 1575 at Paris. There were at least twelve editions issued in the original French up to 1664, besides the editions in Latin, German, Dutch, and English. The copy thus rescued from the maw of the paper machine cannot be considered extremely rare, but

it is at least too venerable and too valuable a book to be ground up into bits. The query now arises: How did this aged book (more than three centuries old) find its way into a Philadelphia paper mill? Is this another case of imperial Cæsar dead and turned to clay? Has Ambroise Paré so fallen from his high estate that his venerable relics are to be converted into a few cents' worth of pulp? Think of it! Three hundred years of dignified Latinity sacrificed to make a piece of modern blank paper!

## Globules.

—As we go to press we learn of the death of Dr. John A. Gann of Wooster, O., who died on November 26. We hope to give an early account of this friend and doctor.

—On Sunday, December 1, 1901, died suddenly, of angina pectoris, Dr. Henry C. Houghton, Professor of Otology in the Homeopathic Medical College. Dr. Houghton was widely known for his devotion to his chosen specialty, and particularly for his strict adherence to the law of similars in prescribing.

—Jas. C. Duncan, M. D., of De Kalb, Ill., died November 6, of nephritis following typhoid, after a sunstroke during the hot days of July, at the age of fifty years. Dr. Duncan was born in Wisconsin, educated in Milton College, and graduated from Chicago Homeopathic Medical College in 1887. He was a member of the Illinois Medical Society, and of the American Institute. His son, Dr. Clifford J. Duncan, succeeds to his large practice. He was a brother of Dr. T. C. Duncan of Chicago.

—It frequently happens that ice cannot be obtained for the sick room. In such an event it is only necessary to procure a pitcher of cold water, and place about it a towel soaked in

Within half an hour very cold water will be on hand ready for use.

—Man is an inteligence sustained and preserved by bodily organs, and their active exercise is necessary to the fullest fruition of his powers. It is not work, but over-work, that is hurtful; and it is not hard work that injures, but fagging work, hopeless work. All hopeful work is healthful work, and to be thus usefully employed is one of the greatest secrets of happiness.

—The arrest and confinement in a Washington workhouse of "the Divine Healer," Schlatter, will not prevent thousands of dupes from accepting hundreds of cranks and scamps who

are traveling through the country, and who will arise in coming years to take the money of their willing victims. The Philadelphia Press deserves especial commendation for its outspoken comment upon the matter, and we hope that other lay newspapers may go and do likewise.—Am, Med.

—A movement is on foot in Germany to make an effective protest against the large number of foreign students—some two thousand—who are said to crowd the native students out of their proper advantages. France some time ago had a similar obscuration of intellect. We are not sorry, except to see men who should be more magnanimous adopting such foolish and narrowing plans. America is fast getting ready for the catastrophe of teaching its own students and even of welcoming those from crowded Europe.

To prevent pain when inserting a hypodermic needle, the spot where the needle is to enter is touched with a toothpick dipped in strong carbolic gold,, a white spot immediately appears (due to the coagulation of the albumin in the (issues). Shortly after perfect anæsthesia of the spot is manifest, and the hypodermic needle can be pushed through the skin without pain at this point, and the infiltration of the tissues begun. If a large area is to be injected, several spots are marked in the same way for insertion of the needle.—Med. Times.

-Rosanoff reports in Vratch the following case: A peasant, while in a state of intoxication, put into his mouth a few coins which he intended to spend on more liquor. At that time he happened to say something to his wife and at once began to choke. He spit out the coins, except one which he believed had entered his throat. He seized a glass tube from the table and tried to push the coin down. In the effort the tube slipped into his stomach. For nearly six months the man went about his usual work without the least discomfort. Finally the tube changed its position in the stomach, and gastric disturbances ensued, followed by emaciation. Gastrotomy was performed and a glass tube, 22 cm. long and 3 cm. in diameter, removed. The patient made an uneventful recovery. (The coin was found under the table.)

—Buttermilk as a remedial agent cannot be praised too highly. The lactic acid, the sour of the buttermilk, attacks and dissolves every sort of earthy deposit in the blood vessels. Thus it keeps the veins and arteries so supple and freerunning there can be no clogging up; hence no deposit of irritating calcareous matter around the joints, nor of poisonous waste in the muscles. It is the stiffening and narrowing of the blood vessels which bring on senile decay. Buttermilk is likely to postpone it ten to twenty years, if freely

drunk. A quart a day should be the minimum; the maximum according to taste and opportunity. Inasmuch as gouty difficulties usually arise from sluggish excretion, buttermilk is a blessing to all gouty subjects. It gently stimulates all the excretories—liver, skin, and kidneys. It also tones the stomach and furnishes it the material from which to make rich, red, healthy blood. If troubled with gout, avoid meat, sweets, pastry, wines, spices, hot rolls, bread of all sorts, and everything belonging to the tribe of ferments. Eggs, game, fresh fruit, vegetables, especially salads, may be eaten with impunity. If anyone has a creaky joint, or a swollen and aching one, he should drink all the buttermilk he can relish, whenever and wherever he can, but it should be fresh-churned and wholesome. —Health Culture.

—Great corporations, banks, and trusts employing a large number of men, are becoming more and more rigid and imperative in their demands for total abstainers to do their work. Twenty-six great trunk line railroads make total abstinence an essential for all persons employed in their service.—Dr. T. D. Crothers.

—Dr. A. M. Duffield, formerly of Huntsville, Ala., writes that he has removed himself and his professional work to Citronelle, Ala., to become resident physician at the Hotel Citronelle after December 10, and asks physicians who have patients to send South to govern themselves accordingly. Dr. Duffield was president of the Southern Homeopathic Medical Association, and took large part in the most recent annual meeting of this association. We commend our good brother to our Northern profession as well, of course, as to all others.

—The one thing which troubles patients more than anything else after laparotomy is thirst; they call for ice or ice-water. In my opinion they should never be allowed either; neither ice nor ice-water quenches the thirst, but, on the contrary, increases it; the stomach falls up with cold water, which is not absorbed, but is later on rejected. Give tablespoonful doses of hot water; give occasional enemata of cool water or normal saline solution in quantities of one-half to one pint; this will be retained and absorbed, and thirst will not be a prominent symptom.— Frank A. Glasgow, M. D.

—"You will doubtless be interested to learn," wrote a lady patient to us recently, "why I have not returned to you for the treatment which you advised. The facts are simply that mother has been having a lady—an osteopath—coming to the house, and one morning mother asked me to permit this lady to make an examination. She did, and fully agreed with you as to the trouble.

Since then she has given me a treatment once a week, and I am now perfectly well." Most gratifying intelligence, this! A local examination had disclosed a stellar lacerated uterus and a perineum almost wholly gone from laceration, with the floor of the vagina a mere diaphonous partition. And now she is perfectly well!

—The ether or chloride of ethyl spray will some times prove quite useful in stopping severe bleeding from cancerous or other ulcerations in which the hemorrhage is rather of an interstitial than an arterial character.

So, sometimes, will a free use of hot water.

—A dentist in a small town recently received the following letter from a girl in the country in regard to a set of teeth: "Deer sur—my mouth measures 45-8 inches acrost, and 115-8 inches around from tip to tip. It's kinder heart shaped and also hummucky around the aiges. Has a hare lip in won korner when I grinn. If this description want fit I guess I'll have to come upp."—Dental Digest.

-The editorial in the October number of the Minneapolis Homeopathic Magazine speaks with fine judgment of the conduct of the physicians in the President McKinley case. The concluding paragraph gives a clew to the thought of the writer: "It is useless now to comment on the work of the doctors having the care of the President's case. If anything in the way of criticism and warning can be said, it would be in reference to giving a too hopeful prognosis. A doctor, even though pressed by anxious inquiries, needs to guard his words with greatest care. This thought will be impressed afresh upon the profession. It is disingenuous to multiply imaginations as to the causes of death. Better say to the intelligent and critical lay world, 'We did the best we knew, but it was not enough. The President died from blood poisonng; we tried to prevent it, but failed.' This would sound better than the learned nonsense already appearing in some of the leading medical journals. The surgeons did their duty, they did it well, and deserve all praise and no blame."

—Lippincott's for Christmas is a superb number. Its completed story is of its usual kind, well written, easily read, entertaining and instructive. Its smaller, also completed, stories—for this excellent magazine has no continued-inour-next stories—are fine and apropos to the season. Goodes' pictures continue an amusing feature of the advertising pages.

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